



ACS EDI Gateway, Inc.
WINASAP5010
User Manual
(Version 1.00)

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ACS EDI Gateway, Inc.

Prerequisite for using WINASAP5010

BEFORE USING THIS APPLICATION, THE USERS SHOULD HAVE KNOWLEDGE ON HOW TO BILL CORRECTLY AND REFER TO THEIR OWN STATE MEDICAID BILLING MANUAL.

IT IS STRONGLY SUGGESTED THAT WINASAP2003 USERS SHOULD NOT DO DATABASE CONVERSION FROM WINASAP2003 TO WINASAP5010 DUE TO THE DIFFERENT FILE AND DATABASE STRUCTURES OF THE TWO STANDARDS THE APPLICATIONS USE. IF A DATABASE CONVERSION IS EXTREMELY NEEDED, REFER TO SECTION “12.7 Converting WINASAP2003 db to WINASAP5010 db” AND SECTION “12.7.1 Notes in Using Converted WINASAP2003 db on WINASAP5010”.

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2 Document Revision Table

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3 General Information

Windows Accelerated Submission And Processing (WINASAP5010) is a Windows-based Windows 98, NT, 2000, XP, Vista and Windows 7 software application developed by ACS EDI Gateway. WINASAP5010 allows you to submit claim data electronically from your personal computer to ACS EDI Gateway.

In order to electronically submit claim data to ACS EDI Gateway, you must be enrolled as either:

- A provider
- An authorized billing agent for actively enrolled providers. This will vary by payer. Please contact your Medicaid office for more information.

During the enrollment process, you must complete an ACS EDI Gateway enrollment form and sign an EDI Trading Partner Agreement if you wish to submit claims electronically. As part of the EDI registration process, ACS EDI Gateway will assign you a Trading Partner ID, User Name, and User ID.

For EDI registration and technical support, contact your ACS EDI Support Unit. You may obtain the EDI enrollment form from our Web site at <http://www.acs-gcro.com>.

3.1 ACS EDI Gateway Support Unit

The ACS EDI Gateway Support Unit will assist you with:

- Electronic claim submission methods
- Information on system vendors, clearing houses, and billing services that use EDI technology that is accepted by ACS EDI Gateway
- Requests for FREE copies of WINASAP5010
- Questions concerning WINASAP5010 installation
- Identifying and troubleshooting WINASAP5010 problems

When you contact for assistance, please have your Trading Partner ID available. Your Trading Partner ID is a 5-digit or 6-digit numeric identification number assigned by ACS EDI Gateway when you register for electronic claim submission. Contact your ACS EDI Support Unit.

3.2 Hardware/Telecommunication Requirements

To use WINASAP5010, your personal computer must meet the following minimum configuration:

- Windows 98 Second Edition, Windows NT, Windows 2000 Service Pack 3, Windows XP operating system, Windows Vista or Windows 7 operating system.
- Pentium processor
- 25 megabytes of free disk space
- 128 megabytes of RAM
- Monitor resolution of 800 x 600 pixels
- Hayes compatible 9600 baud asynchronous modem
- Telephone connectivity

3.3 System Navigation

Whether you are a “clicker” or a “keyboarder”, navigating WINASAP5010 is easy. You can use your mouse to move to any field or to click on buttons or icons to perform specific functions. If you feel more comfortable using a keyboard, you can navigate using the following keys:

Keys	Action
ENTER	<ul style="list-style-type: none"> On a Menu window, <ENTER> selects the menu item that is highlighted. On a List window, <ENTER> adds a new record. On the Reference window, <ENTER> performs a command function. On data entry windows, <ENTER> advances the cursor to the next field.
TAB	<ul style="list-style-type: none"> On data entry windows, <TAB> advances the cursor to the next field. On list windows, <TAB> advances the cursor to the next command function button.
SHIFT+TAB	<ul style="list-style-type: none"> On data entry windows, <SHIFT>+<TAB> returns the cursor to the previous field. On list windows, <SHIFT> +<TAB> moves the cursor back to the previous command function button.
BACKSPACE	<ul style="list-style-type: none"> Within a field, the <BACKSPACE> key moves the cursor back one-character space at a time and deletes that character. If the data in the field is highlighted, the <BACKSPACE> key moves the cursor back to the beginning of the field and deletes the highlighted data.
HOME	<ul style="list-style-type: none"> Moves the cursor to the beginning of the field.
ALT	<ul style="list-style-type: none"> Highlights the first option on any Menu bar.
RIGHT/ LEFT ARROWS	<ul style="list-style-type: none"> Moves the cursor one-character space to the right or left within a field. Within the Menu bar, it moves the cursor one menu option to the right or left.
CTRL + C	<ul style="list-style-type: none"> Copies highlighted text only and not numerical fields.
CTRL + V	<ul style="list-style-type: none"> Pastes copied text only and not numerical fields.

3.4 Helpful Hints

Here are some simple guidelines to follow when entering data into WINASAP5010 fields:

- Do not enter dashes or slashes between numbers in the following fields:
 - Telephone number;
 - Social Security Number; and
 - Date fields.
- Do not enter decimal points in diagnosis code entries.
- Do not add extra zeros to procedure codes or diagnosis codes.
- When using the calendar button to select a date, double-click the applicable date or use the spacebar to exit the calendar window if you choose not to select a date.
- WINASAP5010 allows you to enter and retain partially completed claims on the system's claims database through the use of a special "hold" claim status. For example; if you are entering a claim and determine that some required information is missing, you can change the claim status field to "hold", save the claim, and complete the missing information at a later date. The system will edit a claim for the minimum required fields, but not for any situational fields when the claim status is "hold." When you are ready to complete a claim in a "Hold" status or to release a previously held claim, simply change the claim status field to "Keyed" and WINASAP5010 will select the claim the next time you perform a Send for that claim type. You can also delete a claim in a "Hold" status.

3.5 Understanding the WINASAP5010 Menu Bar

The Menu Bar is always displayed across the top of the WINASAP5010 desktop window. Listed below are explanations of the different menu options available to you:

File menu option:

- Open Payer - Allows you to activate a new payer for the claims you are processing.
- Trading Partner - Allows you to create and update your trading partner information (e.g., demographic data and dial-in features).
- Print Setup - Allows you to establish printing options.
- Print - Allows you to print window information and reports.
- Exit - Closes the WINASAP5010 application.

Reference menu option:

- Choosing any of the reference tables displayed in this drop-down menu will allow you to access that reference table's list inquiry window.
- Common functions that can be performed on each of these inquiry windows include: Add, Copy, Change, Inquire, and Delete.

Claims menu option:

- By simply highlighting and clicking on the claim type, WINASAP5010 will take you to that claim type's inquiry list window.

Tools menu option:

- Send Claim File - Allows you to transmit claims to the EDI Claims Clearinghouse.
- Receive Response File - Allows you to receive the 999 and 277CA response from the EDI Claims Clearinghouse.
- Reports - Allows you to run different reports on the claims you have processed through WINASAP5010.
- Backup Database - Allows you to back up your WINASAP5010 database. Performing this function on a regular basis is highly recommended so that you don't lose valuable data.
- Restore Database - In the event you have to re-install or upgrade your WINASAP5010 application, this function allows you to restore your system database from a backup previously made using the Backup Database function.
- Purge Claims - Allows you to permanently remove claims from the WINASAP5010 database.
- Security - Allows you to add, change, delete, and inquire on WINASAP5010 user ID numbers and passwords.

Window menu option:

- If you have multiple WINASAP5010 windows open (for example, Patient Information, Professional Claim, and Procedure Code List), this option allows

you to view all three windows by “tiling” them horizontally, vertically, or cascading.

Help menu option:

- Contents - Allows you to view the Help file on WINASAP5010 where most of your procedural and functional questions can be answered.
- About - Tells you which WINASAP5010 version you are using. This can be very helpful to know when contacting the ACS EDI Gateway Support Unit.

3.6 Understanding Inquiry List Windows

Each Reference Table and Claim Type has its own “inquiry list window” that provides you with an overview of the data stored within the WINASAP5010 database. Using inquiry list windows, you can highlight the database record you want and click on the appropriate function command button to perform the desired action.

This section gives you examples of the three most common list windows and describes the data fields displayed in the windows. A brief explanation of the function buttons found on the bottom of each inquiry list window follows the window examples.

Data fields displayed on the Patient List Inquiry Window are the:

- Patient ID #
- Sex
- Patient Account number - assigned by the provider
- Patient Name
- Date of Birth
- Property and Casualty Telephone Number

Data fields displayed on the Provider List Inquiry Window are the:

- ID Type
- Provider ID Number
- Provider Name or Organization Name
- City
- State
- Provider Telephone Number

Data fields displayed on the Claim List Inquiry Window are the:

- User Batch/Claim # - These are optional fields that you may use to track your claims
- Patient ID - The patient’s state-assigned Medicaid ID number
- Patient Account Number
- Begin DOS - The beginning date of service for the claim
- Patient’s Name - The Patient’s last and first name
- Claim Amount - The total amount being billed
- Ind - A system indicator of “O” for an original claim or “A” for an adjustment
- Status - the status of the claim within WINASAP5010:
 - KEYED - Claim has been keyed into the system but not generated
 - HOLD - Claim is on hold for further user modification
 - BILLED - Claim has been transmitted to EDI
 - REJECTED - Rejected 999 has been received - Contact your ACS EDI Support Unit.
 - ACCEPTED - Accepted 999 has been received

- ERRORED - Rejected 277CA has been received - Contact your ACS EDI Support Unit.
- ACCEPTED ADJUDICATION - Accepted 277CA has been received
- DENIED - Claims with REJECTED or ERRORED status can be changed to DENIED for marking purposes. WINASAP allows REJECTED or ERRORED claims to be fixed, and then resubmit it. This was an option given to users so that they will not resubmit unwanted REJECTED or ERRORED claims
- PAID - Claims with ACCEPTED or ACCEPTED ADJUDICATION status can be changed to PAID for marking purposes
- SUBMITTED - Claims which were transmitted to EDI but had a transmission error during the sending of the file. Refer to section “10.3 Regarding claims with “Submitted” statuses” section of this manual for further information
- Status Date – The Bill Date entered on the claim.
- Trans Set – A unique identification assigned automatically by WINASAP5010 during sending of claims.

3.6.1 Function buttons

At the bottom of each inquiry list window is a row of function or command buttons. While highlighting the database record you want in the list window, you can click on the appropriate function button to perform one of the following actions:

- Add - Allows you to add a record patient, provider, claim, etc. to the database.
- Copy - Allows you to copy the highlighted database record to create a new database record to modify.
- Change - Displays the highlighted database record in a change mode for you to modify.
- Delete - Allows users to delete a record patient, provider, claim, etc.
When deleting a claim, it displays a sub-window. The buttons in the window are as follow
 - Yes – Deletes the highlighted record from the WINASAP5010 database
 - Selective – Allows a user to delete multiple claims by clicking on a checkbox at the first column of the table.
 - All – Allows a user to delete all claims by in the database.
 - Cancel – Closes the sub-window.
- Inquiry - Displays the highlighted database record in an inquiry mode
- Cancel - Closes the inquiry list window and returns to the WINASAP5010 desktop.

3.6.2 Summary of Statuses

To better understand the usage of statuses, below are the possible scenarios in which a claim is saved with a current status, and the other possible statuses it can be saved:

Current Status	Can Be Changed To:
Accepted	Paid or Denied
Accepted Adjudication	Paid or Denied
Rejected	Hold, Keyed or Denied
Errored	Hold, Keyed or Denied

3.7 Resolving Error Messages

WINASAP5010 displays error messages in standard dialog boxes. There are two types of error messages:

- User errors that require some action on your part to correct; and
- System errors that may require some action on ACS's part.

Examples of user and system errors are given below with a description of the typical actions you would take to resolve each type of error.

User Errors:

User error messages identify a specific problem that you must resolve in order to complete the function you are performing. For example, if you leave a required field blank on a claim window and attempt to save a claim, WINASAP5010 displays an error message for each missing required field.



When you receive a user error message for a missing required field, you should take the following actions:

- Click on the OK button to acknowledge the error. WINASAP5010 automatically places the cursor on the field where the error exists.
- Enter the correct information and click on the Save button. If there are other user errors, WINASAP5010 will continue to provide you with error messages until all of the problems are resolved.

System Errors:

A system error message identifies a conflict within the WINASAP5010 software that usually requires the assistance of an ACS EDI Gateway Support Unit Representative.



When you receive a system error message, you should immediately contact the ACS EDI Gateway Support Unit. However, it is important that you do the following before you acknowledge the error message by clicking on the OK button:

- Print a copy of the window containing the error message by using your <Print Screen> key. If you cannot print the window, write down the entire error message. Write down the actions you took just before getting the error message (for example, what window you were in when you received the error message, what data fields you entered or changed before getting the error message, what window you were in before coming to the window in which you received the error message, etc.).
- Contact your ACS EDI Support Unit.

Note: Sometimes during transmission of claims, you may encounter this type of error:

E371: System: Error opening Transmit Claims form

When you see this type of error and the claim status becomes “Submitted”, this means that an error occurred during transmission. The claim may or may not be transmitted successfully because of this problem. For further details regarding the Submitted claims, please refer section 10-3 titled Regarding Claims with “Submitted” Statuses.

3.8 Regarding Insurance/TPL Information

If you receive the following error message you must check the validity of the Payer Responsibility Sequence Code for all payers on the claim:



Within a given claim, the various values for the Payer Responsibility Sequence Number Code (other than value Unknown) may occur no more than once.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Reference option.
2.	Select the Patient option. This will open the Patient List screen.
3.	In the list, highlight the patient that corresponds with the claims that generated the error, then click Change.
4.	Click on the Insured's Data tab. You will find the Payer Responsibility Sequence Code at the bottom right corner of the screen. Make the necessary changes.
5.	For corrections to the Payer Responsibility Sequence Code for other payers, from the WINASAP5010 Main Menu, select the Claims option.
6.	Select the appropriate claim type for the claim that generated the error message. This will open the claim list for the type of claims you selected.
7.	In the list, highlight the claim that generated the error, then click Change.
8.	You will find the Payer Responsibility Sequence Code for the other payer in the Other Subscriber Info window. Make the necessary changes.

4 Software Installation

4.1 WINASAP5010 Welcome Package

Your WINASAP5010 welcome package should include the following items:

- Welcome letter
- Log-on Form
- Quick Reference Guide for WINASAP5010
- WINASAP5010 Quick Tips

Note: If you are missing any one of these items, please contact the ACS EDI Gateway Support Unit.

4.2 WINASAP5010 Installation Process Overview

The installation and setup of WINASAP5010 is an easy, three-step process:

1. Install the WINASAP5010 software on your PC. Instructions are provided in section 4.3 of this user guide. WINASAP5010 installation is similar to installation of other Windows-based software applications. Just follow the installation prompts.
2. Select the appropriate payer (see Section 4.3 step 21).
3. Start WINASAP5010 and set up your trading partner data. Instructions are provided in Sections 4.6 of this document. WINASAP5010 must have your trading partner data in order to communicate with ACS EDI Gateway.

The latest version of WINASAP5010 and user manual can be downloaded in www.acs-gcro.com.

In most cases, WINASAP5010 installation and trading partner setup are “one-time-only” events that take place when you initially install the software on your PC. The only time you would have to reinstall WINASAP5010 is if your PC’s hard drive is damaged or if the WINASAP5010 software becomes corrupted.

The remainder of this chapter will walk you through everything you need to do to get started using WINASAP5010.


4.3 Installing WINASAP5010



Once WINASAP5010 is installed, it should not be reinstalled unless your PC suffers a hard drive failure or the WINASAP5010 software becomes corrupted.


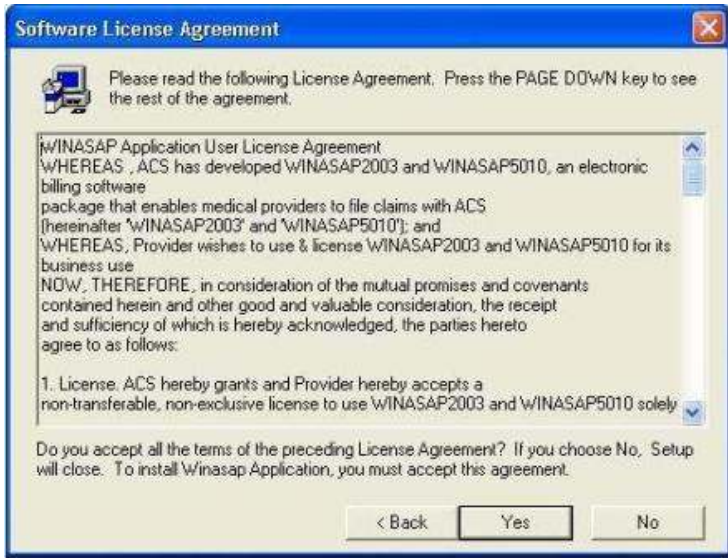
WARNING: Reinstalling the software re-initializes the WINASAP5010 database. You will LOSE all of the data you entered unless you have previously saved the database using WINASAP5010's Backup function.

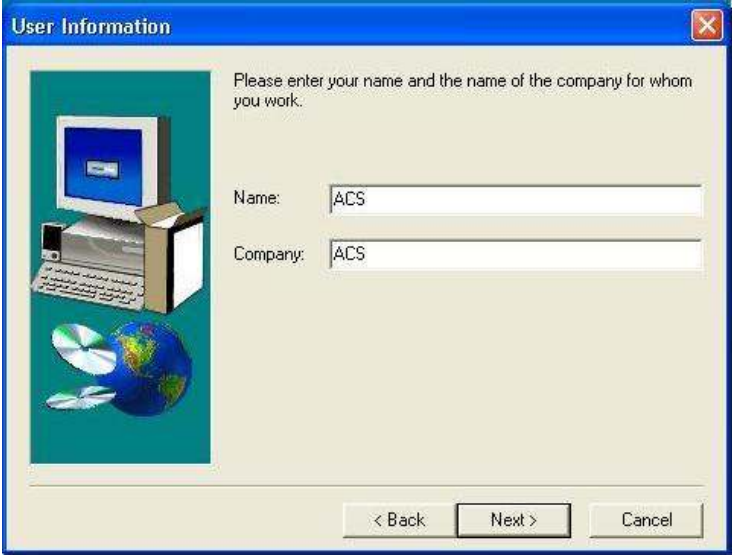

If WINASAP5010 does not load correctly or does not execute properly after following the installation procedures in this section, please contact your ACS EDI Support Unit.

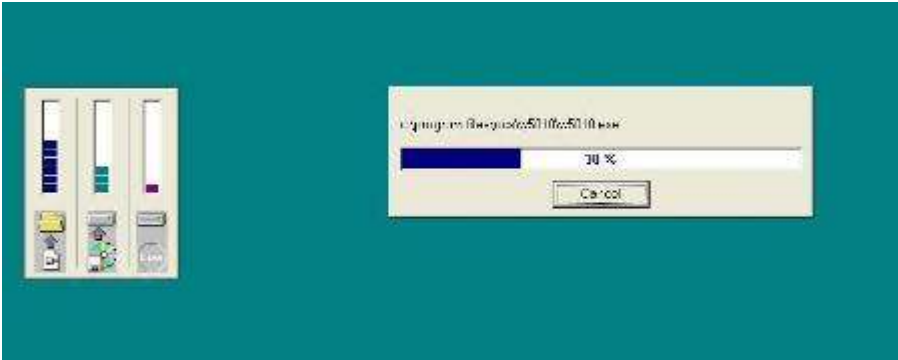

WINDOWS NT, WINDOWS 2000, WINDOWS XP, WINDOWS VISTA AND WINDOWS 7 USERS: You must have administrator rights to your system in order to install WINASAP5010. Please contact your system administrator for assistance.



STEPS	ACTIONS
1.	Terminate all active programs/applications before you install WINASAP5010 in order to avoid potential system conflicts or errors.
2.	Download the latest version of WINASAP5010 in www.acs-gcro.com .
3.	Save the installer in your desired location and wait until the download is complete.
4.	Double-click on the self-extracting installation icon for WinasapApplication.exe. 


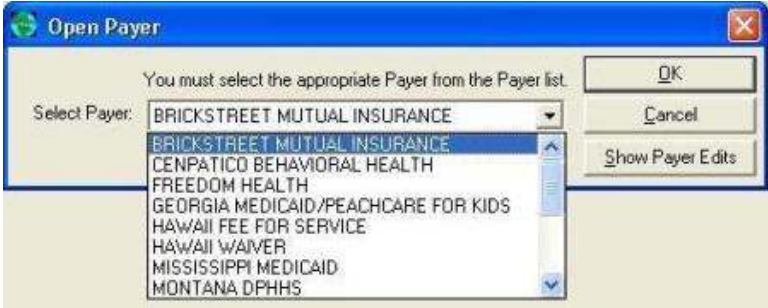
STEPS	ACTIONS
5.	<p>When the first Welcome window displays, click the Continue button.</p>  
6.	<p>When the second Welcome window displays, click the Next button.</p>

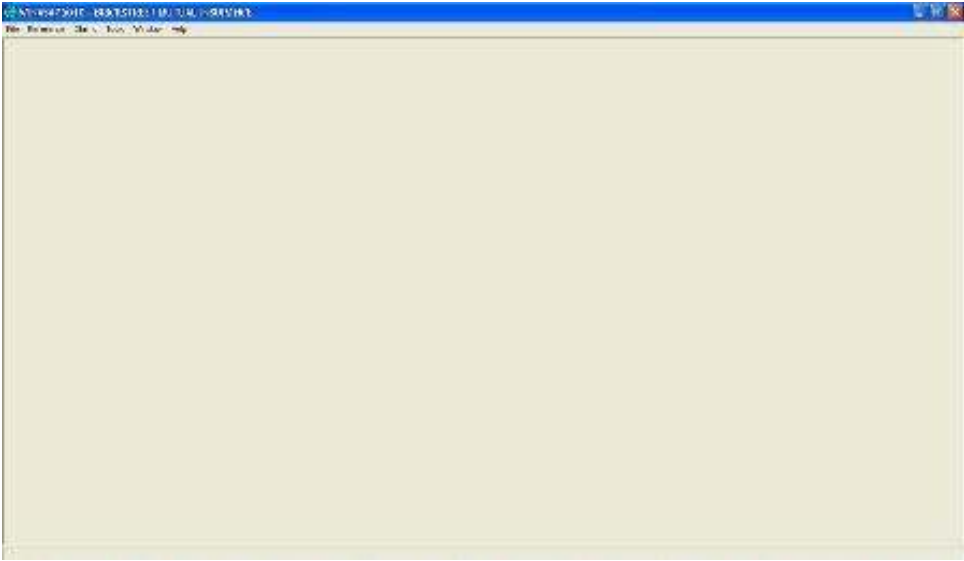
STEPS	ACTIONS
	 <p>Welcome</p> <p>Welcome to the Winasap Application Setup program. This program will install Winasap Application on your computer.</p> <p>It is strongly recommended that you exit all Windows programs before running this Setup program.</p> <p>Click Cancel to quit Setup and then close any programs you have running. Click Next to continue with the Setup program.</p> <p>WARNING: This program is protected by copyright law and international treaties.</p> <p>Unauthorized reproduction or distribution of this program, or any portion of it, may result in severe civil and criminal penalties, and will be prosecuted to the maximum extent possible under law.</p> <p>Next > Cancel</p>
7.	<p>The Software License Agreement window will display next. Read through the agreement and click Yes to accept the terms of the agreement and continue installing WINASAP. Click No if you want to terminate the install program.</p>  <p>Software License Agreement</p> <p>Please read the following License Agreement. Press the PAGE DOWN key to see the rest of the agreement.</p> <p>WINASAP Application User License Agreement</p> <p>WHEREAS, ACS has developed WINASAP2003 and WINASAP5010, an electronic billing software package that enables medical providers to file claims with ACS (hereinafter 'WINASAP2003' and 'WINASAP5010'); and</p> <p>WHEREAS, Provider wishes to use & license WINASAP2003 and WINASAP5010 for its business use</p> <p>NOW, THEREFORE, in consideration of the mutual promises and covenants contained herein and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the parties hereto agree to as follows:</p> <p>1. License. ACS hereby grants and Provider hereby accepts a non-transferable, non-exclusive license to use WINASAP2003 and WINASAP5010 solely</p> <p>Do you accept all the terms of the preceding License Agreement? If you choose No, Setup will close. To install Winasap Application, you must accept this agreement.</p> <p>< Back Yes No</p>

STEPS	ACTIONS
8.	<p>The User Information window will display next. Enter your name and the name of your company, and then click Next.</p>  <p>The 'User Information' dialog box has a blue title bar and a close button. It contains an illustration of a computer and CDs on the left. The text reads: 'Please enter your name and the name of the company for whom you work.' There are two text input fields: 'Name:' with 'ACS' entered and 'Company:' with 'ACS' entered. At the bottom are three buttons: '< Back', 'Next >', and 'Cancel'.</p>
9.	<p>The Start Copying Files window follows, displaying the current settings you have chosen so far during the installation. Click the Next button if you want to continue or the Back button if you wish to make corrections.</p>  <p>The 'Choose Destination Location' dialog box has a blue title bar and a close button. It contains an illustration of a computer and CDs on the left. The text reads: 'Setup will install Winasap Application in the following folder. To install to this folder, click Next. To install to a different folder, click Browse and select another folder. You can choose not to install Winasap Application by clicking Cancel to exit Setup.' There is a text field for 'Destination Folder' containing 'C:\... \ACS\Winasap Application' and a 'Browse...' button. At the bottom are three buttons: '< Back', 'Next >', and 'Cancel'.</p>

STEPS	ACTIONS
10.	<p>WINASAP5010 will begin copying its files to your hard drive.</p> 
11.	<p>The first Setup Complete window will display. Depending on your PC, you may see the Restart option or the Launch option. If you see the Launch option skip to Step 13, otherwise, follow these steps:</p> <ul style="list-style-type: none"> The system will default to the “Yes, I want to restart my computer now.” Option. It is not necessary to restart your computer in order to use WINASAP. If you choose not to restart your computer, go to Step 13. Otherwise go to Step 14. 

STEPS	ACTIONS
12.	<p>If you chose not to restart your computer or if you did not get the Restart window, you will now see the option to launch the program. If you place a checkmark in this box and click Finish, it will start WINASAP. If you choose to launch the program after you click Finish, go to Step 16. Otherwise, go to Step 15.</p> 
13.	Click the Finish button.
14.	<p>You have now installed the WINASAP2003 and WINASAP5010 versions.</p> <p>Choose the WINASAP5010 button. When WINASAP5010 opens, enter “asap” as the password for the Admin User ID, click OK, and then select the payer you will be submitting claims to. This will become the default payer.</p>  <p>If you did not select “Yes Launch the program file,” then follow these steps to open WINASAP5010.</p>
15.	Click on the Windows Start button and select Programs.

STEPS	ACTIONS
16.	Select WINASAP Application. Then WINSAP Application Loader. This will open the Login Window.
17.	In the User ID field, select the user name from the drop-down list box. "ADMIN" is the initial default. 
18.	In the Password field, enter your password. "asap" is the initial default for the "ADMIN" user ID. Note: The default password is case sensitive. Make sure that Caps Lock is not on.
19.	Click on the OK button.
20.	The Select Payer drop-down box will appear. Select the payer you will be submitting claims to. Once you make this selection, it will become your default payer. You will not need to choose it each time. Click on the OK button. 

STEPS	ACTIONS
21.	<p>The WINASAP5010 Desktop with the Main Menu Bar will display.</p> 

You are now ready to begin updating reference tables or entering claims.

Note: WINASAP5010 has a default user ID of “ADMIN” and password of “asap”. If you want to use the default user ID, you may. However, if you want to establish different security levels for different users, you may do so by following the procedures in section 4.6 of this user manual.

4.4 When installing on Window7/Vista

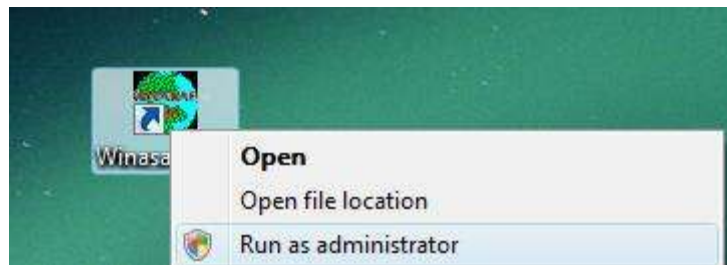
When installing on these types of OS, it is important to have administration rights. If you do not have administration rights but have successfully installed WINASAP5010, this is an error message you would receive when you try to run it:



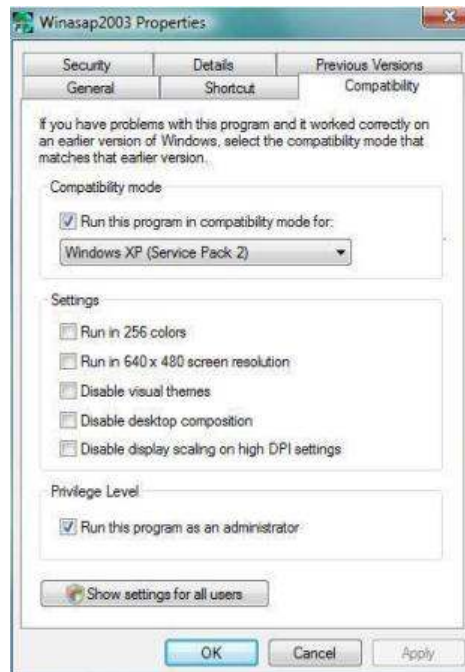
It would display an error message since it could not load the User Id on the database. If you try to press OK, it would just look like the one below:

As you can see, there is no User ID displayed. If you try to cancel it would just continue to display the error message and the application would close.

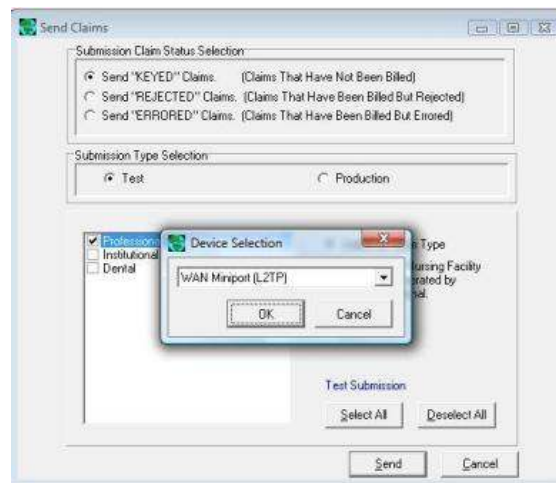
To solve this issue, make sure that when the software is installed, you should run this as an Administrator. To do this, simply right click on the WINASAP5010 icon and select “Run as administrator” as shown below:



After installation, you may need to change the compatibility version of the application. To do this, on the WINASAP5010 icon, right click on it and select Properties. On the Properties select the Compatibility tab select the Windows XP (Service pack 2). Also check the Privilege Level so it would always as run as Administrator whenever it is selected. Below is a screen shot of the Properties Window:

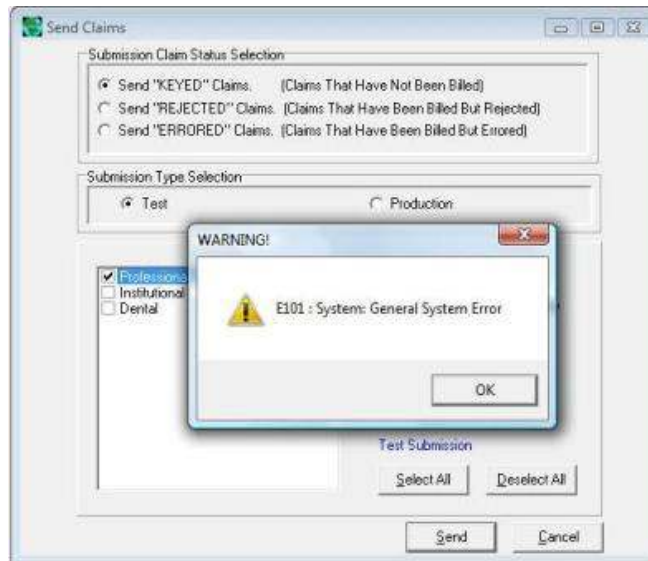


When trying to send claims, you may encounter problems regarding the Modem regardless if it is an internal or external one. The usual problems regarding the Modem not being used properly are displayed below:



In this display, it shows here that WINASAP5010 did not detect a Modem installed. If you select OK on this scenario, you would receive an error message display.

Meanwhile, the Modem here could not be used by WINASAP5010 and generates an error message.



There may be some problems displayed, but generally, if there is a problem on the Modem, an error message similar to the one shown above would always be displayed.

Before using the Modem, ensure first if it is working properly or correctly installed. Below are some of the procedures that could be used to verify the Modem operation:

Verify first if the Modem being used is compatible with Windows7/Vista:

- If an external modem is to be used, make sure that it has some information that it could be used for Windows7/Vista.
- Make sure that the drivers for the Modem to be used (internal or external) is updated for Windows7/Vista. You could check online for the updates.
- Check on the Device Manager if the Modem was correctly recognized by the computer. A sample screen shot of a Modem being detected is shown below:



There are still other means to check whether the Modem is working on a Windows7/Vista OS. These are just general procedures to ensure that Modem was properly installed. If the

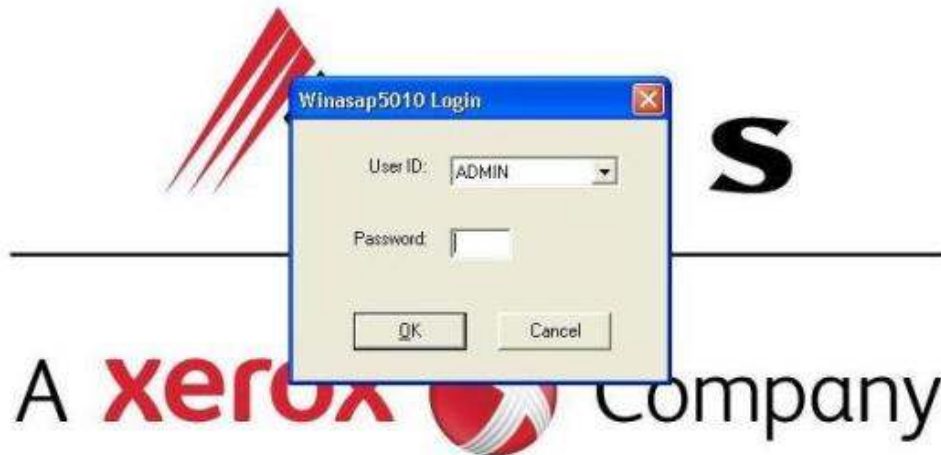
Modem could still not be detected by the computer, please contact your System Administrator.

4.5 Signing On to WINASAP5010

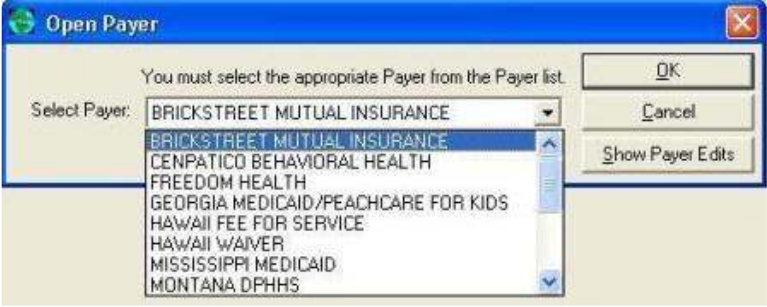
When you run WINASAP Application Loader, choose the WINASAP5010 button.



Each time you select WINASAP5010 from the Windows Program menu, you must enter a valid user ID and password. WINASAP5010 is loaded with a default user ID of “ADMIN” and a default password of “asap”. You may continue using the default user ID and password combination or you can assign specific user ID and password combinations as described in the Help Topics Index titled “Setting Up User IDs and Passwords.”

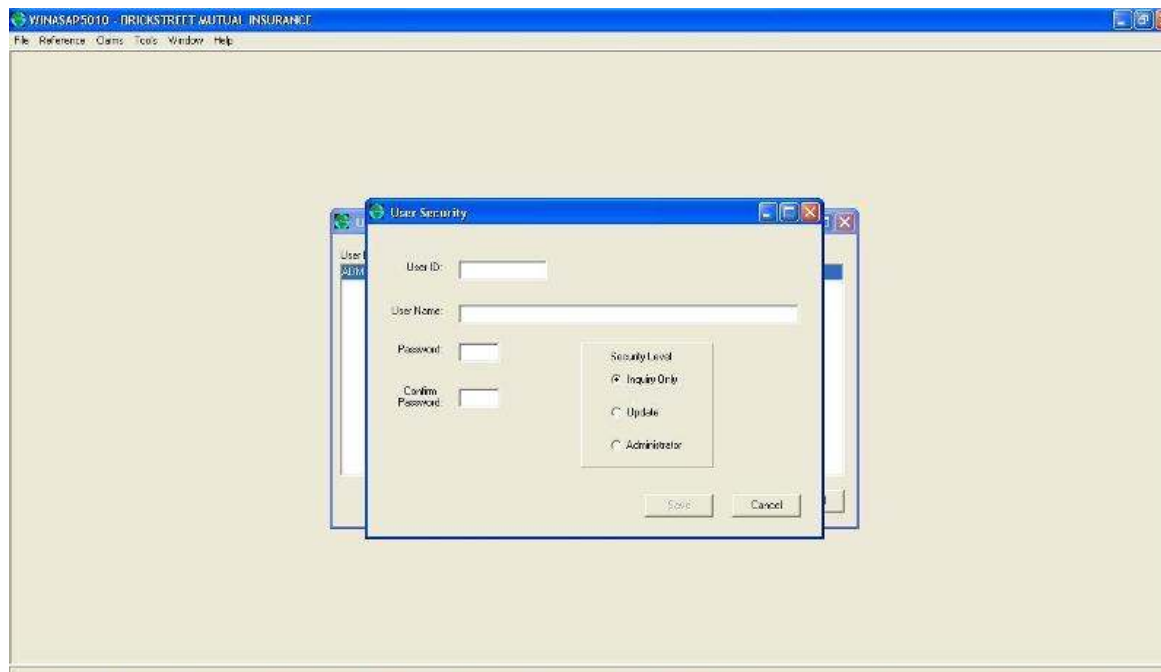


STEPS	ACTIONS
1.	Click on the Windows Start button and select Programs.
2.	Select WINASAP5010. This will open the WINASAP5010 Logon window.
3.	In the User ID field, select the user name from the drop-down list box.

STEPS	ACTIONS
	“ADMIN” is the initial default.
4.	In the Password field, enter your password. “asap” is the initial default for the “ADMIN” user ID.
5.	<p>Click on the OK button. The WINASAP5010 desktop with the Main Menu Bar will be displayed.</p> <p>Note: If this is the first time you start WINASAP5010, you will need to select the default payer from the drop down list box.</p>  <p>You are now ready to begin updating reference tables or entering claims.</p>

4.5.1 Setting Up User IDs and Passwords

WINASAP5010 has a default user ID of “ADMIN” and password of “asap”. If you want to use the default user ID, you may. However, if you want to establish different security levels for different users, you may do so by using the following procedures.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu Bar, select the Tools option.
2.	Select the Security option. This will open the WINASAP5010 User Security List window.
3.	Click on the Add button. This will open the WINASAP5010 Security Data window.
4.	In the User ID field, enter the alphanumeric user ID you want to create. It can be up to eight characters long.
5.	In the User Name field, enter the name of the user.
6.	In the Password field, enter the eight-character alphanumeric password you want to assign to the new user.
7.	In the Confirm Password field, re-enter the password you entered in Step 6.

STEPS	ACTIONS
8.	<p>Select the appropriate security level for the user by clicking on the following options:</p> <ul style="list-style-type: none">• Inquiry – the user will only be able to view data• Update – the user will be able to view and change data• Administrator – the user will be able to view and modify all tables within the database, including the user ID and password table.
9.	<p>Click on the Save button.</p> <p>NOTE: If you change WINASAP5010's default user ID and password, and then forget the modified combination, the ACS EDI Gateway Support Unit can assist you in resetting the system's default user ID, and password.</p>

4.6 Setting Up Trading Partner Data

The data you enter in the Trading Partner Information window uniquely identifies you as an entity that ACS EDI Gateway has authorized to submit claims electronically.

This is a one-time only procedure that you complete when you initially install WINASAP5010 on your PC.

The information you need to complete this screen is contained in the Logon Sheet sent to you from the EDI Support Unit. In the event that your name, address, telephone numbers, or identification numbers change, you can perform these procedures again to update your Trading Partner data.

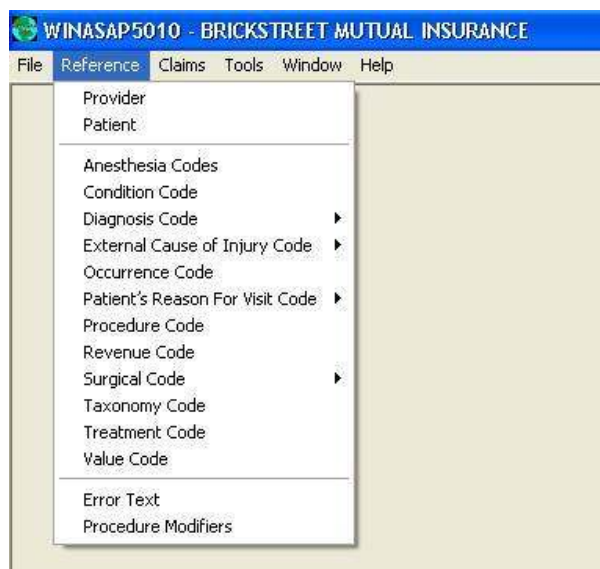
STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the File option.
2.	Select the Trading Partner option. This will open the Trading Partner Information window.
3.	In the Trading Partner Identification section, complete the following fields: <ul style="list-style-type: none"> Primary Identification - Enter your 5- or 6-digit Trading Partner ID assigned to you by ACS EDI Gateway. This is a required field. Secondary Identification - Enter your 5-or 6-digit Trading Partner ID

STEPS	ACTIONS
	assigned to you by ACS EDI Gateway. This is a required field.
4.	<p>In the Trading Partner Name section, complete the following fields:</p> <ul style="list-style-type: none"> Entity Type - Select the appropriate choice from the drop-down list box. This is a required field. Organization Name - This is a required field if Non-person is selected. <p>OR</p> <ul style="list-style-type: none"> Last Name and First Name - These are required fields if Person is selected. Middle Name
5.	<p>In the Contact Information section, complete the following fields:</p> <ul style="list-style-type: none"> Contact Name - This is a required field. Telephone # - This is a required field. Ext. Fax # Email
6.	<p>In the Additional Contact Information section, complete the following fields:</p> <ul style="list-style-type: none"> Contact Name Telephone # Ext. Fax # Email
7.	<p>In the WINASAP5010 Communications section, the entire section is required.</p> <ul style="list-style-type: none"> In the Host Telephone # field, enter ACS's data telephone number from your Logon Information Sheet. For example, enter 1800XXXXXXX. If you must dial 9 to access an outside line, enter the telephone number as: 9,1800XXXXXXX. The comma causes a one-second pause. You MUST enter the comma between the 9 and the first digit of the telephone number. If your phone line has the call-waiting feature, you must disable it. Refer to your local telephone book for instructions. The following is an example of a number with call waiting disabled: *70,9,1800XXXXXXX. <p>Note: If your office has a long-distance access code and you are unsure where to enter that number in this field, please contact your ACS EDI Support Unit</p>

STEPS	ACTIONS
	<ul style="list-style-type: none">• In the User ID# field, enter your 9-digit User ID.• In the User Name field, enter your User Name exactly as it appears on your logon form.
8.	Click on the Save button to record/update your trading partner data.

5 Maintaining Reference Data

WINASAP5010 allows you to maintain reference tables to help you key claims faster. Information from the reference tables is used by the system to automatically fill claim fields or to create drop-down list boxes to help you select data field values.



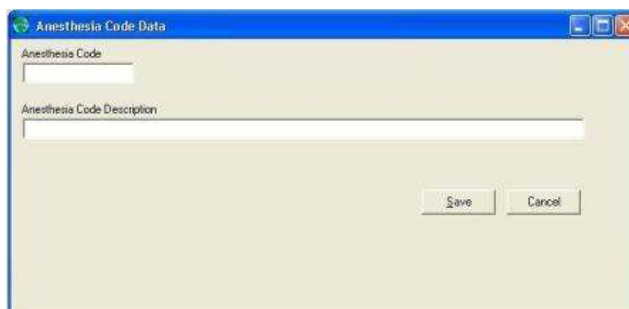
There are two types of reference tables:

Payer-specific reference tables contain information used for a single payer.

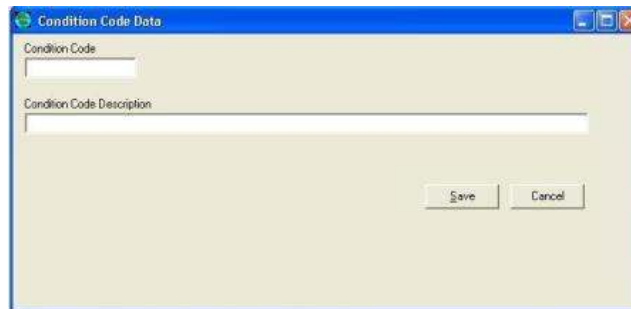
- Patient - Maintains ID numbers, demographic data, insurance information, and employer data on each of your patients.
- Provider - Maintains ID numbers, demographic data, organization, and contact person on each of your providers.

Global reference tables contain information used for all payers.

- Anesthesia Code - Maintains code value and description for Professional anesthesia codes.

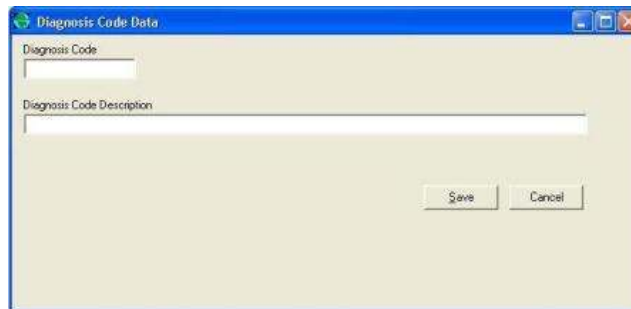


- Condition Code - Maintains code value and description for Institutional condition codes.



A screenshot of a Windows-style dialog box titled "Condition Code Data". It features a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "Condition Code" and "Condition Code Description". At the bottom right, there are two buttons labeled "Save" and "Cancel".

- Diagnosis Code - Maintains code value, description, and standard charge amount for ICD-9 / ICD-10 diagnosis codes.



A screenshot of a Windows-style dialog box titled "Diagnosis Code Data". It features a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "Diagnosis Code" and "Diagnosis Code Description". At the bottom right, there are two buttons labeled "Save" and "Cancel".

- External Cause of Injury Code - Maintains code value and description for Institutional ICD-9 / ICD-10 external cause of injury codes.



A screenshot of a Windows-style dialog box titled "External Cause Of Injury Code Data". It features a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "External Cause Of Injury Code" and "External Cause Of Injury Code Description". At the bottom right, there are two buttons labeled "Save" and "Cancel".

- Occurrence Code - Maintains code value and description for Institutional occurrence codes.



The screenshot shows a Windows-style dialog box titled "Patient's Reason For Visit Code Data". It contains two text input fields: "Patient's Reason For Visit Code" and "Patient's Reason For Visit Code Description". At the bottom right, there are two buttons labeled "Save" and "Cancel".

- Patient's Reason for Visit Code - Maintains code value and description for Institutional ICD-9 / ICD-10 patient reason for visit codes.



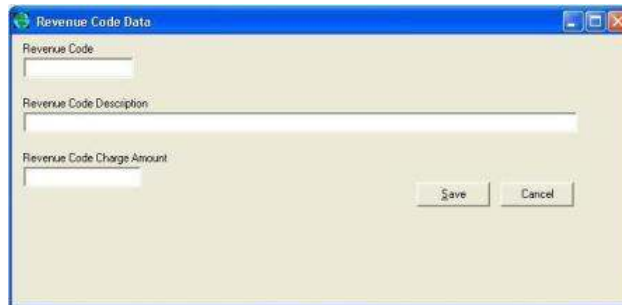
This is an identical screenshot to the one above, showing the "Patient's Reason For Visit Code Data" dialog box with its two input fields and "Save/Cancel" buttons.

- Procedure Code - Maintains code value, description, and standard charge amount for procedure codes.



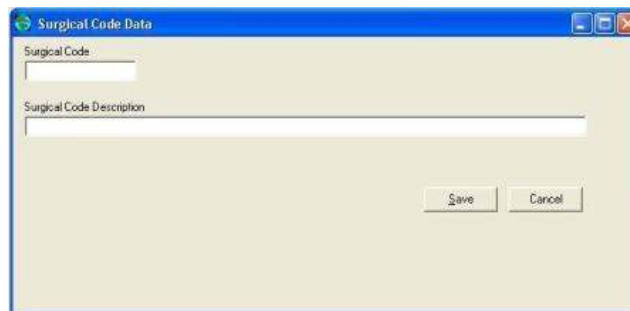
The screenshot shows a Windows-style dialog box titled "Procedure Code Data". It contains three text input fields: "Procedure Code", "Procedure Code Description", and "Procedure Code Charge Amount". At the bottom right, there are two buttons labeled "Save" and "Cancel".

- Revenue Code - Maintains code value, description, and standard charge amount for revenue codes.



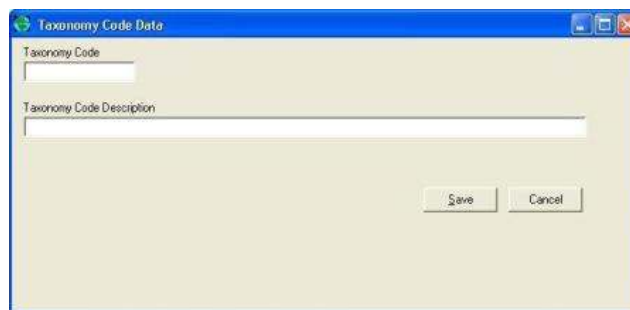
A screenshot of a Windows-style application window titled "Revenue Code Data". The window has a blue title bar with standard minimize, maximize, and close buttons. The main area is a light beige color. It contains three input fields: "Revenue Code" (a short text box), "Revenue Code Description" (a long text box), and "Revenue Code Charge Amount" (a short text box). At the bottom right, there are two buttons: "Save" and "Cancel".

- Surgical Code - Maintains code value and description for Institutional ICD-9 / ICD-10 surgical codes.



A screenshot of a Windows-style application window titled "Surgical Code Data". The window has a blue title bar with standard minimize, maximize, and close buttons. The main area is a light beige color. It contains two input fields: "Surgical Code" (a short text box) and "Surgical Code Description" (a long text box). At the bottom right, there are two buttons: "Save" and "Cancel".

- Taxonomy Code - Maintains code value and description for a provider's taxonomy code.



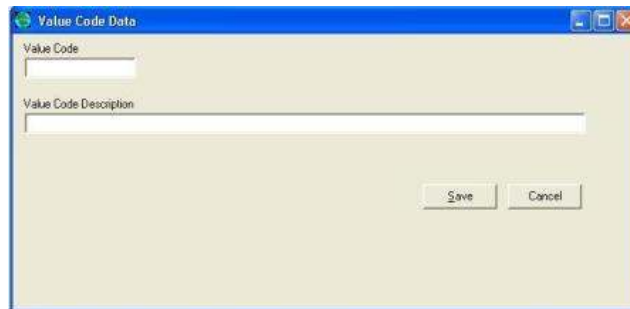
A screenshot of a Windows-style application window titled "Taxonomy Code Data". The window has a blue title bar with standard minimize, maximize, and close buttons. The main area is a light beige color. It contains two input fields: "Taxonomy Code" (a short text box) and "Taxonomy Code Description" (a long text box). At the bottom right, there are two buttons: "Save" and "Cancel".

- Treatment Code - Maintains code value and description for Institutional treatment codes.



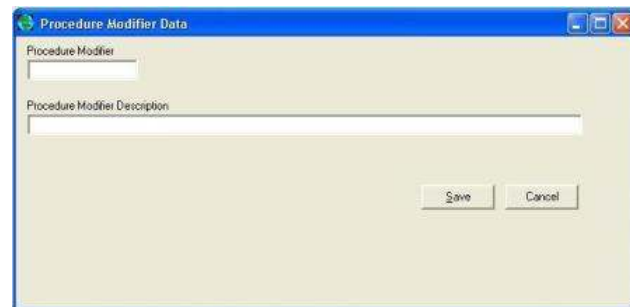
The screenshot shows a Windows-style dialog box titled "Treatment Code Data". It has a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "Treatment Code" and "Treatment Code Description". The "Treatment Code" field is a single-line text box, while the "Treatment Code Description" field is a multi-line text box. At the bottom right of the dialog, there are two buttons: "Save" and "Cancel".

- Value Code - Maintains code value and description for Institutional value codes.



The screenshot shows a Windows-style dialog box titled "Value Code Data". It has a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "Value Code" and "Value Code Description". The "Value Code" field is a single-line text box, while the "Value Code Description" field is a multi-line text box. At the bottom right of the dialog, there are two buttons: "Save" and "Cancel".

- Procedure Modifiers - Maintains code value and description for procedure modifiers.

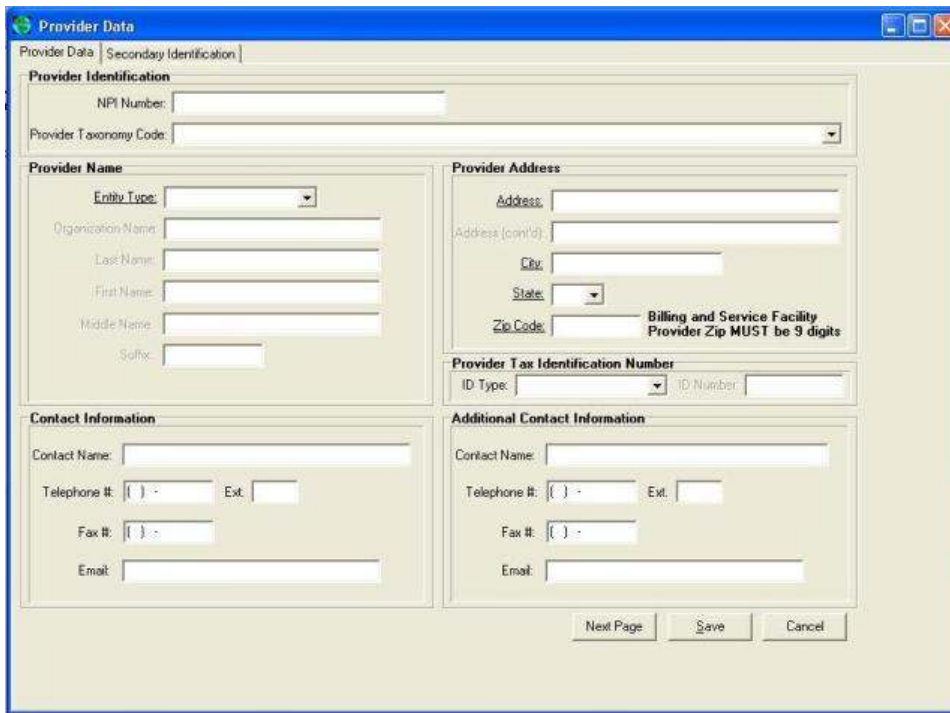


The screenshot shows a Windows-style dialog box titled "Procedure Modifier Data". It has a blue title bar with standard window controls. The main area is light beige and contains two text input fields: "Procedure Modifier" and "Procedure Modifier Description". The "Procedure Modifier" field is a single-line text box, while the "Procedure Modifier Description" field is a multi-line text box. At the bottom right of the dialog, there are two buttons: "Save" and "Cancel".

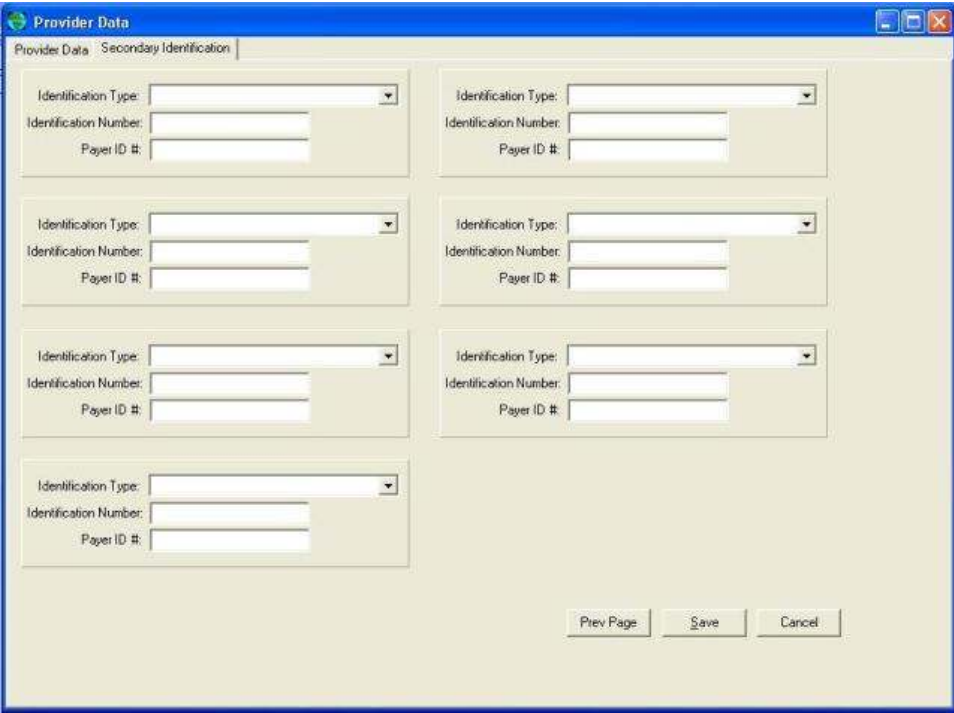
5.1 Adding a New Provider

WINASAP5010 allows you to maintain information on each of your providers. When you select a provider from a drop down list box during claims entry, the system automatically fills the remaining provider-related data fields in the claim window from the information stored in the Provider table.

Note: You must enter all providers in the provider table before keying and saving claim information.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Provider option. This will open the Provider List window.
3.	Click on the Add button. This will open the Provider Data window.
4.	<p>In the Provider Identification section complete the following field:</p> <ul style="list-style-type: none"> • NPI Number • Provider Taxonomy Code 
5.	<p>In the Provider Name section complete the following fields:</p> <ul style="list-style-type: none"> • Entity Type – This is a required field. • Organization Name – This is a required field if Non-Person is selected in Entity Type field. <p>OR</p>

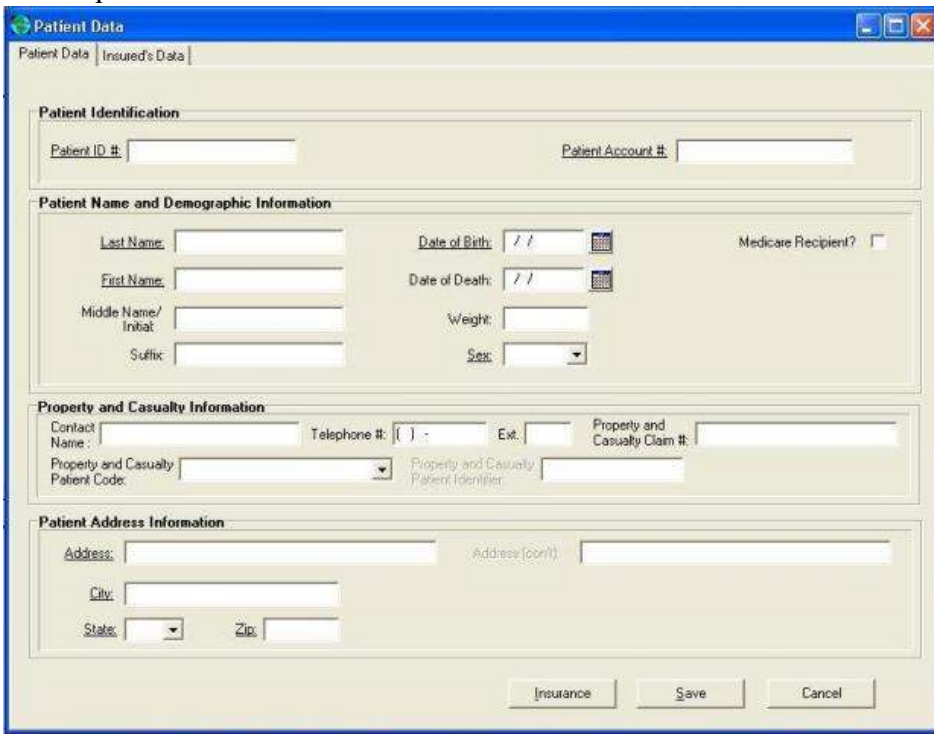
STEPS	ACTIONS
	<ul style="list-style-type: none"> • Last Name – This is a required field if Person is selected in Entity Type field. • First Name – This is a required field if Person is selected in Entity Type field. • Middle Name/Initial – This will be enabled when Person is selected in Entity Type field. • Suffix – This will be enabled when Person is selected in Entity Type field.
6.	<p>In the Provider Address section complete the following fields:</p> <ul style="list-style-type: none"> • Address – This is a required field. • Address (cont'd) – This will be enabled when Address field has a value. • City – This is a required field. • State – This is a required field. • Zip Code – This is a required field.
7.	<p>In the Provider Tax Identification Number section complete the following fields:</p> <ul style="list-style-type: none"> • ID Type • ID Number – This will be enabled when ID Type field has a value. <p>Note: The values on these fields would only be submitted when used as Billing Provider and/or Pay-To Plan. If not, then the values would not be reflected on the Reference Information of the provider.</p> <p>Note: For Pay-To Plan providers, only providers with Employer's ID Number can be selected in the claims.</p>
8.	<p>In the Contact Information section complete the following fields:</p> <ul style="list-style-type: none"> • Contact Name • Telephone # • Ext. • Fax # • Email <p>Note: Contact Name and one of the other three contact information fields (Telephone #, Fax # or Email) is required if the provider is the Billing Provider.</p>

STEPS	ACTIONS
9.	<p>In the Additional Contact Information section complete the following fields:</p> <ul style="list-style-type: none"> • Contact Name • Telephone # • Ext. • Fax # • Email
10.	<p>Click the Next Page button to enter Secondary Information. You may enter up to 7 unique secondary identifications.</p> <ul style="list-style-type: none"> • Identification Type • Identification Number • Payer ID# <p>Note: For Identification Type and Identification Number, if one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> <p>For Payer ID#, this is a situational field. This could only be entered if Identification Type and Identification Number are both filled up.</p> 
11.	Click the Save button.

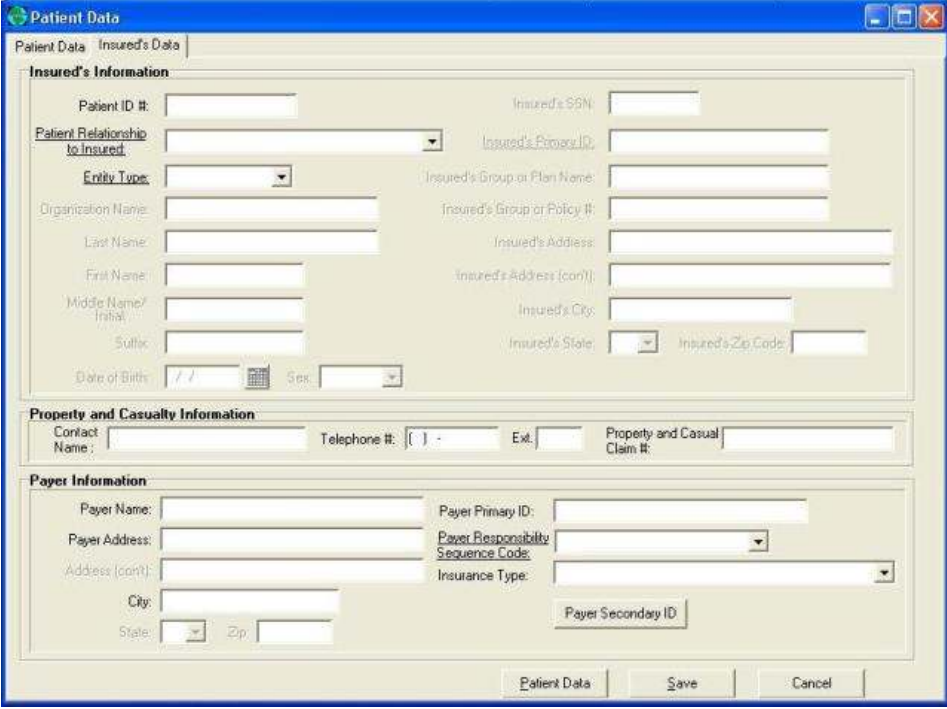
5.2 Adding a New Patient

WINASAP5010 allows you to maintain information on each of your patients. When you select a patient from a drop down list box during claims entry, the system automatically fills the remaining patient-related data fields in the claim window from the information stored in the Patient table.

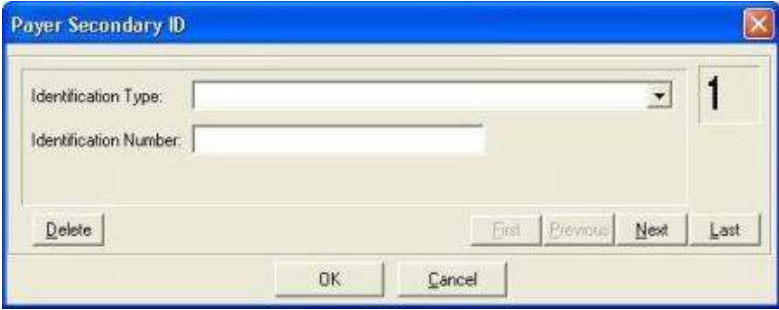
Note: You must enter all patients in the Patient table prior to keying and saving claim information.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Patient option. This will open the Patient List window.
3.	Click on the Add button. This will open the Patient Data window.
4.	<p>In the Patient Identification section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient ID # - enter the patient's Medicaid number. This is a required field. • Patient Account # - enter the patient's account number. This is a required field.  <p>The screenshot shows the 'Patient Data' window with the following sections:</p> <ul style="list-style-type: none"> Patient Identification: Patient ID #, Patient Account #. Patient Name and Demographic Information: Last Name, First Name, Middle Name/Initial, Suffix, Date of Birth, Date of Death, Weight, Sex, Medicare Recipient? (checkbox). Property and Casualty Information: Contact Name, Telephone #, Ext., Property and Casualty Claim #, Property and Casualty Patient Code, Property and Casualty Patient Identifier. Patient Address Information: Address, Address (cont.), City, State, Zip. <p>Buttons at the bottom: Insurance, Save, Cancel.</p>
5.	<p>In the Patient Name and Demographic Information section complete the following fields:</p> <ul style="list-style-type: none"> • Last Name – This is a required field.

STEPS	ACTIONS
	<ul style="list-style-type: none"> • First Name – This is a required field. • Middle Name/Initial • Suffix • Date of Birth – This is a required field. • Date of Death • Weight • Sex – This is a required field. • Medicare Recipient? • Is Patient Pregnant? – Applicable only when Sex field has a value of “Female”.
6.	<p>In the Property and Casualty Information section complete the following fields:</p> <ul style="list-style-type: none"> • Contact Name • Telephone # • Ext • Property and Casualty Claim • Property and Casualty Patient Code • Property and Casualty Patient Identifier
7.	<p>In the Patient Address Information section complete the following fields:</p> <ul style="list-style-type: none"> • Address – This is a required field. • Address (con’t) – This will be enabled when Address field has a value. • City – This is a required field. • State – This is a required field. • Zip – This is a required field.
8.	<p>If you have the patient’s insurance information and want to enter it at this time, complete those info by clicking on the Insurance button at the bottom of the window or the Insured’s Data tab at the top.</p>

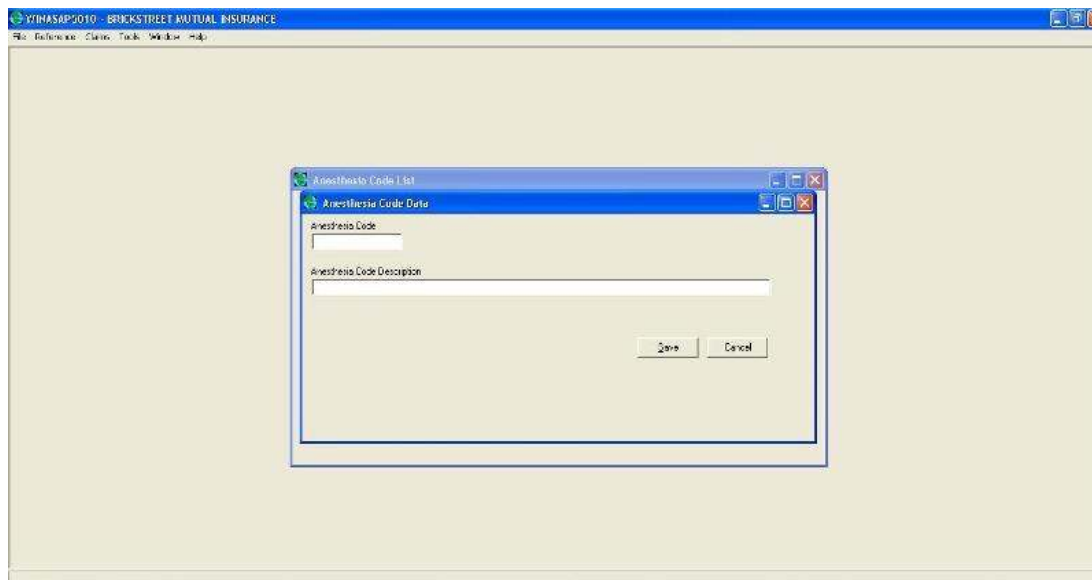
STEPS	ACTIONS
	 <p>The screenshot shows a 'Patient Data' window with three tabs: 'Patient Data', 'Insured's Data', and 'Payer Data'. The 'Insured's Data' tab is active, displaying the 'Insured's Information' section. This section includes fields for Patient ID #, Insured's SSN, Patient Relationship to Insured (a dropdown menu), Insured's Primary ID, Entity Type (a dropdown menu), Insured's Group or Plan Name, Organization Name, Insured's Group or Policy #, Last Name, Insured's Address, First Name, Insured's Address (cont), Middle Name/Initial, Insured's City, Suffix, Insured's State, Date of Birth, Sex, and Insured's Zip Code. Below this is the 'Property and Casualty Information' section with fields for Contact Name, Telephone #, Ext., Property and Casual Claim #, and a Payer Secondary ID button. The 'Payer Information' section includes fields for Payer Name, Payer Primary ID, Payer Address, Payer Responsibility Sequence Code (a dropdown menu), Address (cont), Insurance Type (a dropdown menu), City, State, Zip, and a Payer Secondary ID button. At the bottom are buttons for 'Patient Data', 'Save', and 'Cancel'.</p>
9.	<p>In the Insured's Information section, complete the following field:</p> <ul style="list-style-type: none"> • Patient Relationship to Insured – This is a required field. Select the appropriate relationship from the drop down list box. <p>Note: If “Self” is selected as the relationship all applicable fields will be populated with data from the Patient Data tab.</p> <p>Note: This screen is not to be used for third party insurance information.</p> <ul style="list-style-type: none"> • Entity Type – This is a required field. • Organization Name – This is a required field if Non-person is selected in Entity Type field <p>OR</p> <ul style="list-style-type: none"> • Last Name – This is a required field if Person is selected in Entity Type field • First Name– This is a required field if Person is selected in Entity Type field • Middle Name/Initial • Suffix • Date of Birth • Sex • Insured's SSN

STEPS	ACTIONS
	<ul style="list-style-type: none"> • Insured's Primary ID – This is a required field. • Insured's Group or Plan Name • Insured's Group or Policy # • Insured's Address – This is a required field. • Insured's Address (con't) – This will be enabled when Address field has a value. • Insured's City • Insured's State – This will be enabled when Insured's City field has a value. • Insured's Zip Code – This will be enabled when Insured's City field has a value.
10.	<p>In the Property and Casualty Information section complete the following fields:</p> <ul style="list-style-type: none"> • Contact Name • Telephone # • Ext • Telephone #
11.	<p>In the Payer Information section complete the following fields:</p> <ul style="list-style-type: none"> • Payer Name – Do not change this information. This will be populated with the appropriate payer name based on the Payer you selected during installation. This is a required field. • Payer Address • Payer Address (con't) – This will be enabled when Payer Address field has a value. • City • State – This will be enabled when City field has a value. • Zip – This will be enabled when City field has a value. • Payer Primary ID – Do not change this information. This will be populated with the appropriate payer ID based on the payer you selected during installation. This is a required field. • Payer Responsibility Sequence Code – This is a required field. • Insurance Type

12.	<p>Payer Secondary ID Window – This is a situational window.</p> <ul style="list-style-type: none">• Identification Type (up to 3)• Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
13.	Click the Save button.

5.3 Adding a New Anesthesia Code

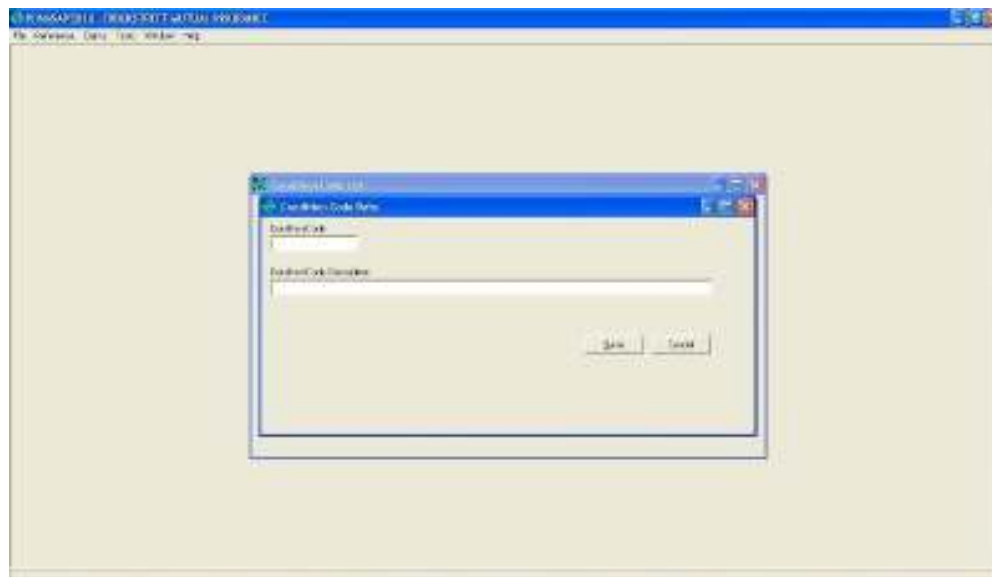
You can enter frequently used anesthesia codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate anesthesia code for professional claims.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Anesthesia Code option. This will open the Anesthesia Code List window.
3.	Click on the Add button. This will open the Anesthesia Code Data window.
4.	In the Anesthesia Code field, enter the anesthesia code that is appropriate.
5.	In the Anesthesia Code Description field, enter a description of the value code.
6.	Click on the Save button.

5.4 Adding a New Condition Code

You can enter frequently used condition codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate condition code for institutional and nursing claims.

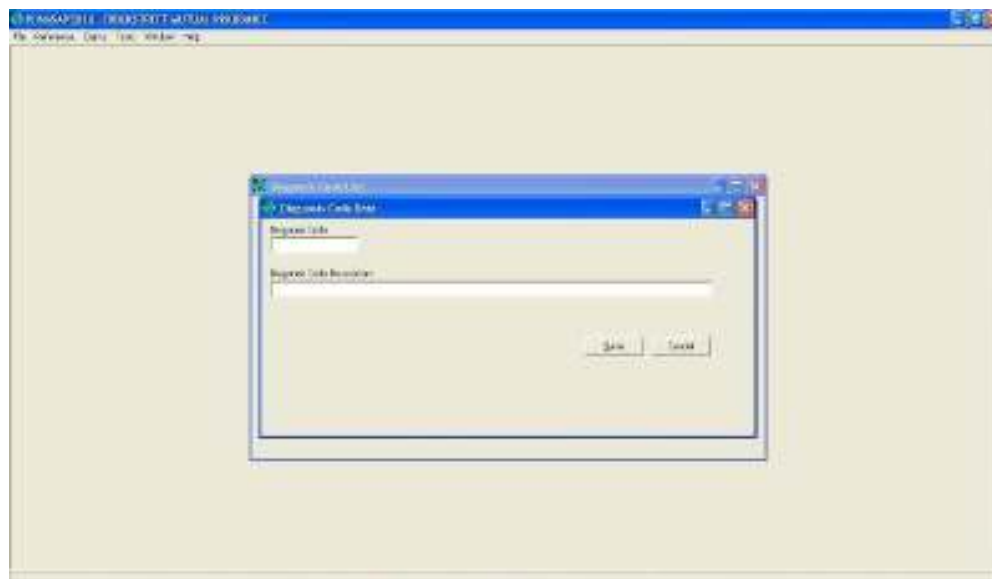


STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Condition Code option. This will open the Condition Code List window.
3.	Click on the Add button. This will open the Condition Code Data window.
4.	In the Condition Code field, type the condition code.
5.	In the Condition Description field, enter a description of the condition code.
6.	Click on the Save button.

5.5 Adding a New Diagnosis Code

You can enter frequently used diagnosis codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box on claim windows. During claims entry, you can use this drop down list box to select the appropriate diagnosis code for the claim.

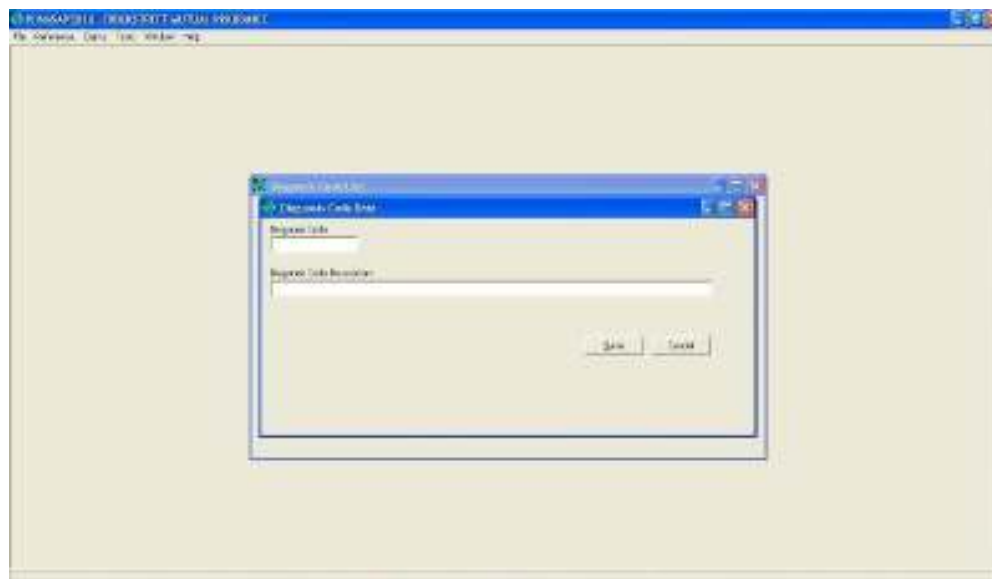
Note: Do not include decimals or extra zeroes.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Diagnosis option. Then choose either ICD-9 or ICD-10 as the code's qualifier. This will open the Diagnosis List window.
3.	Click on the Add button. This will open the Diagnosis Code Data window.
4.	In the Diagnosis Code field, enter the code. Enter all valid values; do not include decimals or zeroes.
5.	In the Diagnosis Code Description field, enter a description of the diagnosis.
6.	Click on the Save button.

5.6 Adding a New External Cause of Injury Code

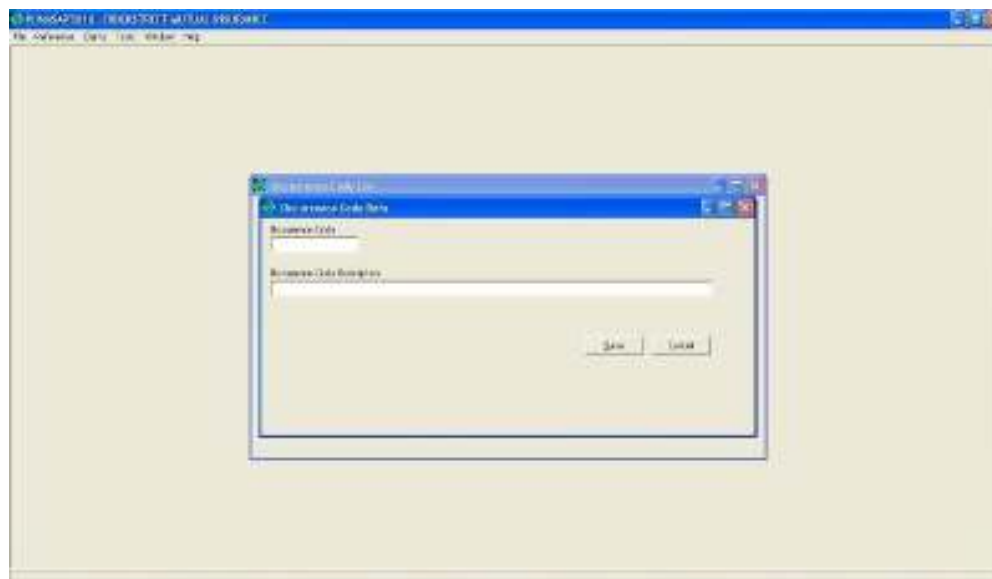
You can enter frequently used external cause of injury codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate external cause of injury code for institutional and nursing claims.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Diagnosis option. Then choose either ICD-9 or ICD-10 as the code's qualifier. This will open the External Cause of Injury List window.
3.	Click on the Add button. This will open the External Cause of Injury Code Data window.
4.	In the External Cause of Injury field, enter the code. Enter all valid values; do not include decimals or zeroes.
5.	In the External Cause of Injury Code Description field, enter a description of the diagnosis.
6.	Click on the Save button.

5.7 Adding a New Occurrence Code

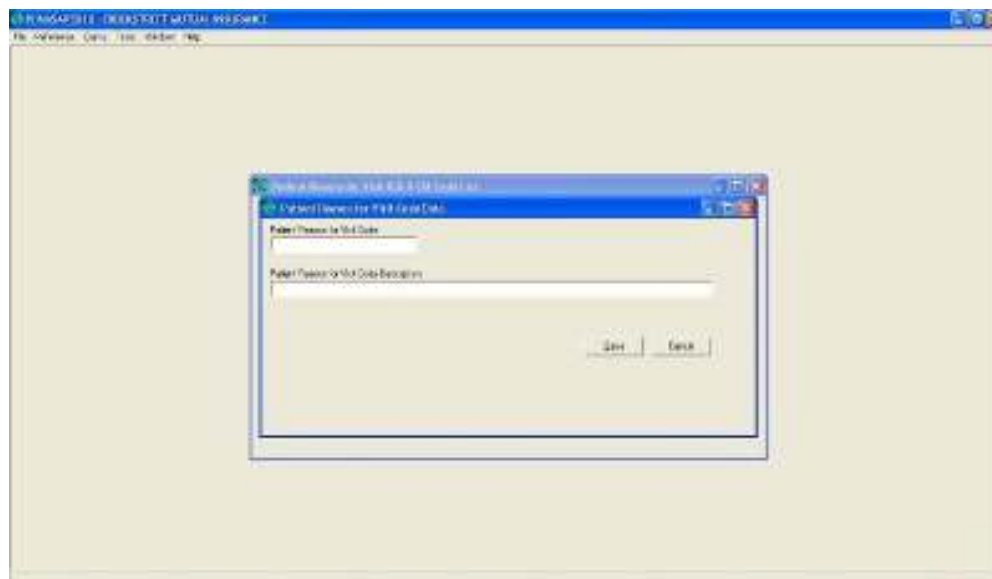
You can enter frequently used occurrence codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate occurrence code for institutional and nursing claims.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Occurrence Code option. This will open the Occurrence Code List window.
3.	Click on the Add button. This will open the Occurrence Code Data window.
4.	In the Occurrence Code field, enter the code that Enter all valid values; do not include decimals or zeroes.
5.	In Occurrence Code Description field, enter a description of the occurrence code.
6.	Click on the Save button.

5.8 Adding a New Patient Reason For Visit Code

You can enter frequently used patient reason for visit codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate patient reason for visit code for institutional and nursing claims.

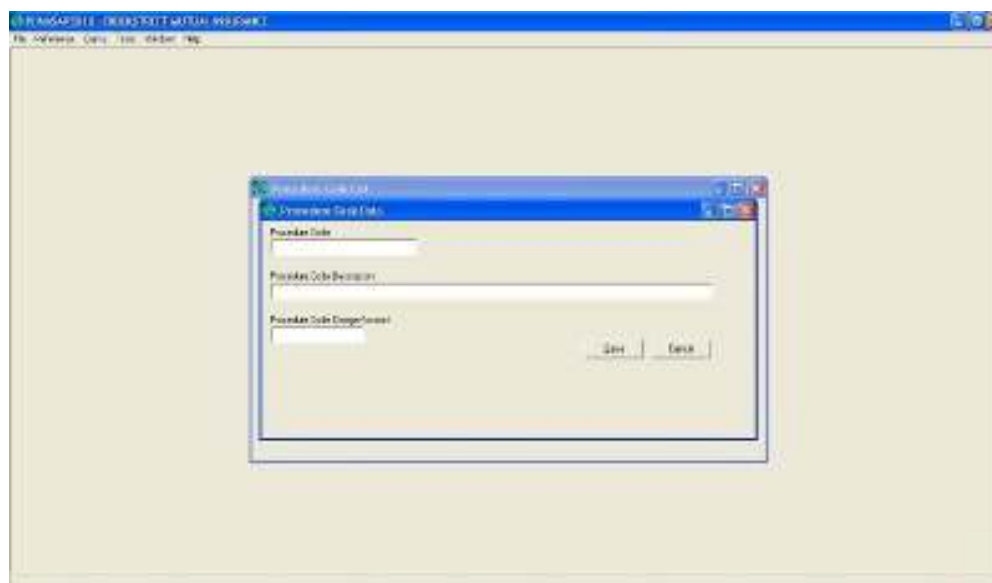


STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Patient Reason for Visit Code option. This will open the Patient Reason for Visit Code List window.
3.	Click on the Add button. This will open the Patient Reason for Visit Code Data window.
4.	In the Patient Reason for Visit Code field, enter the code. Enter all valid values; do not include decimals or extra zeroes.
5.	In the Patient Reason for Visit Description field, enter a description of the patient reason for visit.
6.	Click on the Save button.

5.9 Adding a New Procedure Code

You can enter frequently used procedure codes into WINASAP5010's table. The system uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate procedure code for the claim. Information in the Procedure Code table is also used by the system to automatically calculate the line item charge amount during claims entry.

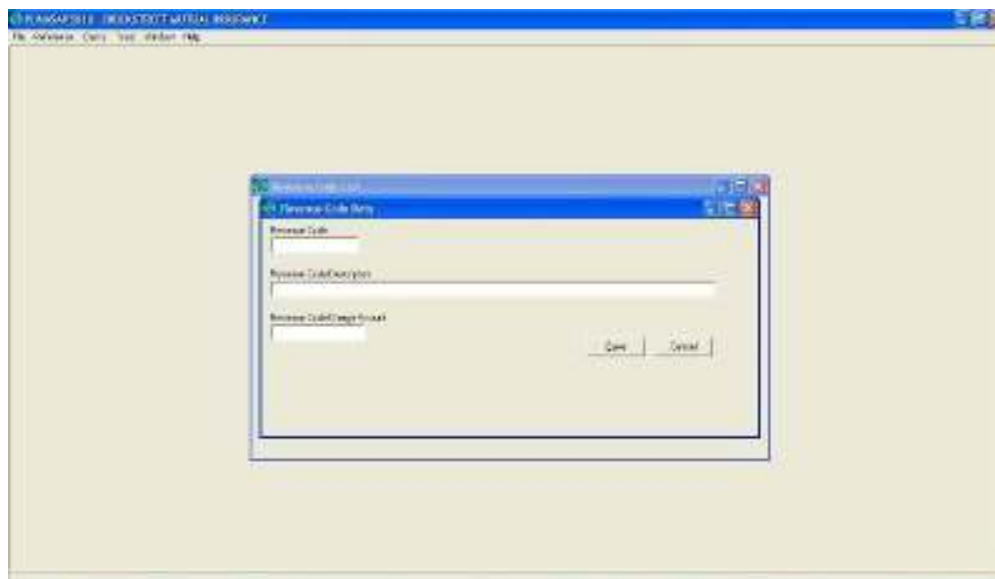
Note: Do not include decimals or extra zeros.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Procedure Code option. This will open the Procedure Code List window.
3.	Click on the Add button. This will open the Procedure Code Data window.
4.	In the Procedure Code field, enter the code. Enter all valid values; do not include decimals or extra zeroes.
5.	In the Procedure Description field, enter a description of the procedure.
6.	In the Procedure Code Charge Amount field, enter your standard charge amount for the procedure.
7.	Click on the Save button.

5.10 Adding a New Revenue Code

You can enter frequently used revenue codes into WINASAP5010's table. The system uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate revenue code for the claim. Information in the revenue code table is also used by the system to automatically calculate the line item charge amount during claims entry.

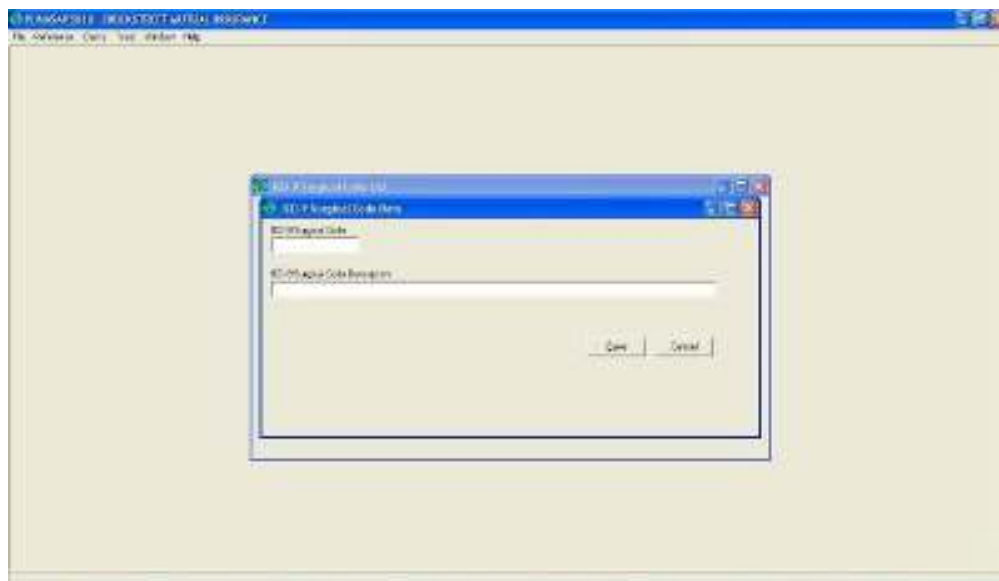


STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Revenue Code option. This will open the Revenue Code List window.
3.	Click on the Add button. This will open the Revenue Code Data window.
4.	In the Revenue Code field, enter the code that identifies the specific accommodation or ancillary service provided.
5.	In Revenue Description field, enter a description of the revenue code.
6.	In the Revenue Charge Amount field, enter the amount that is to be charged for the accommodation or ancillary service.
7.	Click on the Save button.

5.11 Adding a New Surgical Code

You can enter frequently used surgical codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate surgical code for institutional and nursing claims.

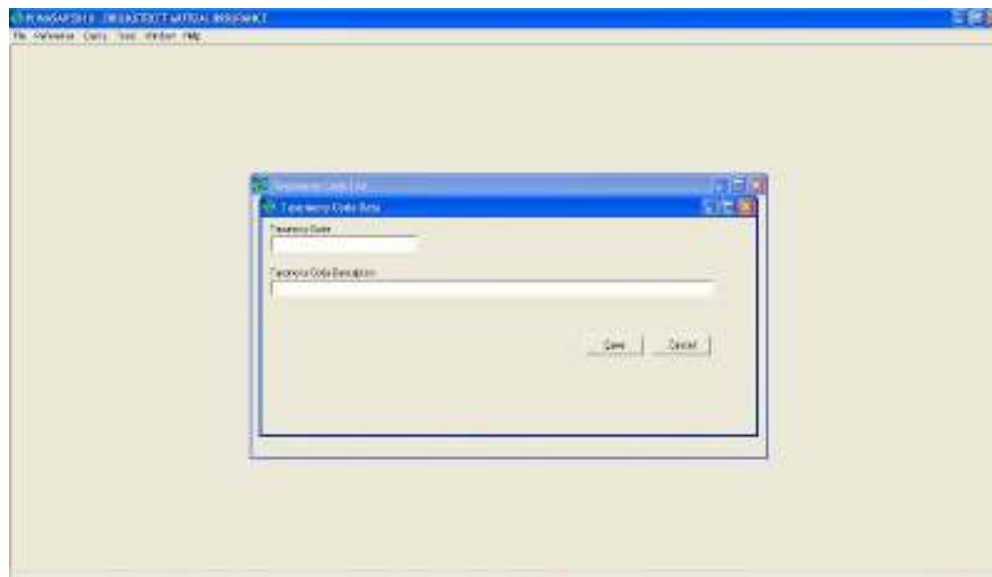
Note: Do not include decimals or extra zeroes.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the ICD-9 / ICD-10 Surgical Code. Then choose either ICD-9 or ICD-10 as the code's qualifier. This will open the Surgical Code List window.
3.	Click on the Add button. This will open the Surgical Code Data window.
4.	In the Surgical Code field, enter the surgical code that represents the procedure performed.
5.	In the Surgical Code Description field, enter a description of the surgical procedure.
6.	Click on the Save button.

5.12 Adding a New Taxonomy Code

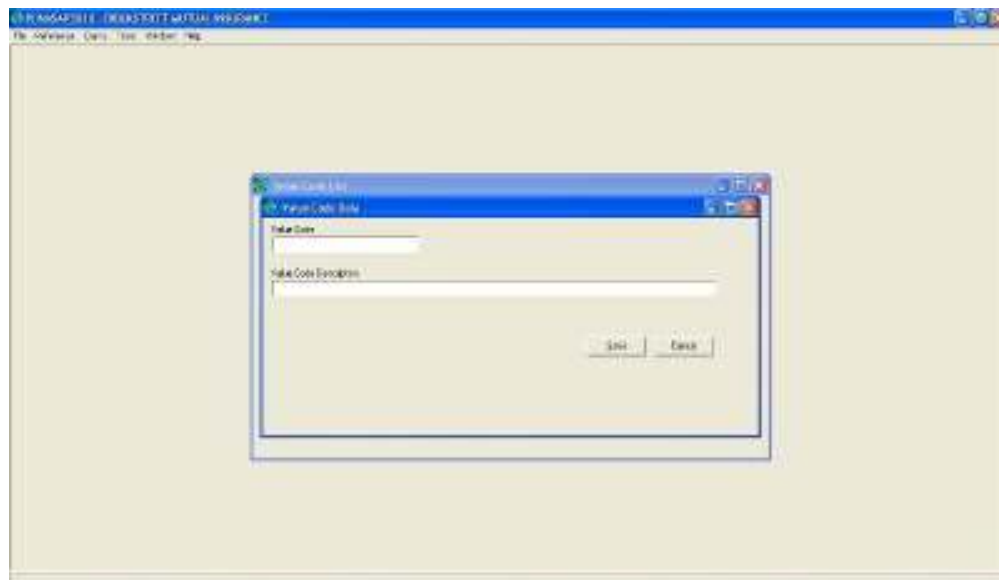
You can enter frequently used value codes into WINASAP5010's Taxonomy Code table. The system uses these codes to fill a drop down list box that may be used during entering providers or claims to select the appropriate taxonomy codes.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Taxonomy Code option. This will open the Taxonomy Code List window.
3.	Click on the Add button. This will open the Taxonomy Code Data window.
4.	In the Taxonomy Code field, enter a taxonomy code value code.
5.	In the Taxonomy Code Description field, enter a description of the taxonomy code.
6.	Click on the Save button.

5.13 Adding a New Treatment Code

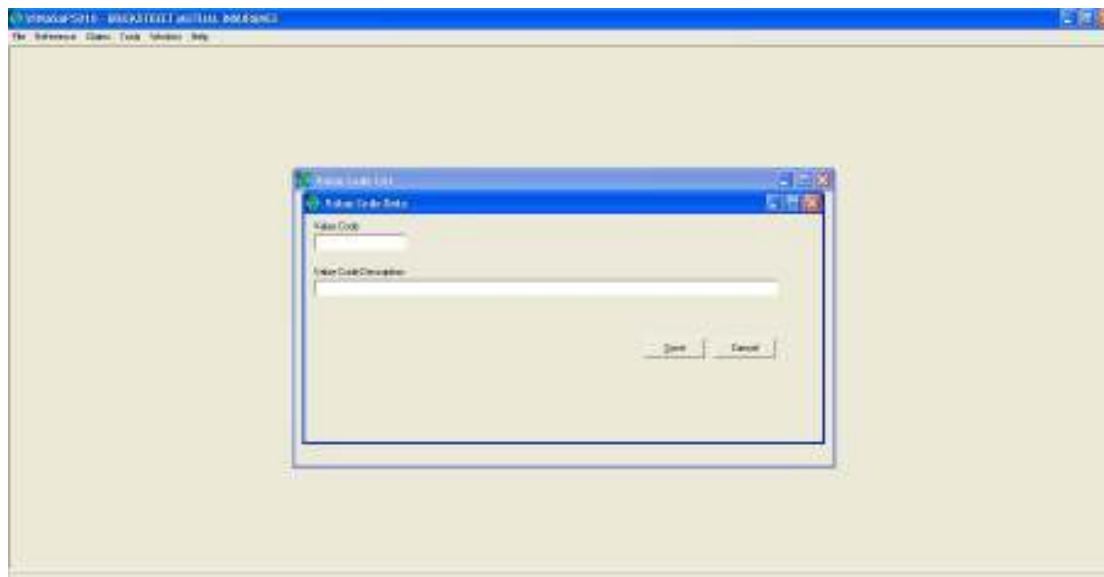
You can enter frequently used treatment codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate treatment code for institutional and nursing claims.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Treatment Code option. This will open the Treatment Code List window.
3.	Click on the Add button. This will open the Treatment Code Data window.
4.	In the Treatment Code field, enter the treatment code that is appropriate.
5.	In the Treatment Code Description field, enter a description of the treatment code.
6.	Click on the Save button.

5.14 Adding a New Value Code

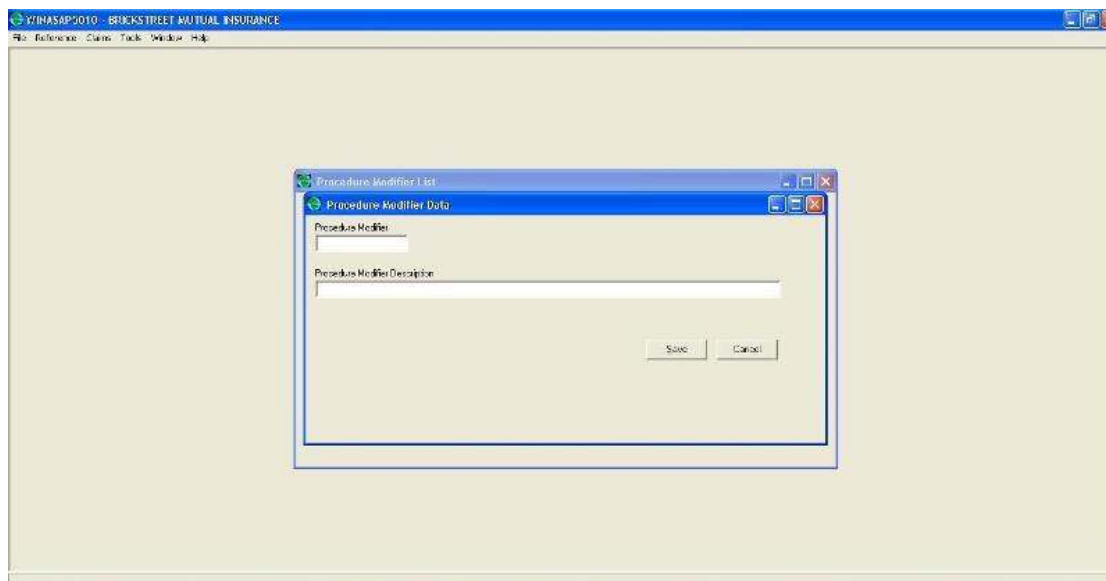
You can enter frequently used value codes into WINASAP5010's table. WINASAP5010 uses these codes to fill a drop down list box that may be used during claims entry to select the appropriate value code for institutional and nursing claims.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Value Code option. This will open the Value Code List window.
3.	Click on the Add button. This will open the Value Code Data window.
4.	In the Value Code field, enter the code that is appropriate.
5.	In the Value Code Description field, enter a description of the value code.
6.	Click on the Save button.

5.15 Adding a New Procedure Modifier Code

You can enter frequently used value codes into WINASAP5010's Procedure Modifier table. The system uses these codes to fill a drop down list box that may be used during claims entry.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select the Procedure Modifiers option. This will open the Procedure Modifier List window.
3.	Click on the Add button. This will open the Procedure Modifier Data window.
4.	In the Procedure Modifier field, enter the procedure modifier that is appropriate.
5.	In the Procedure Modifier Description field, enter a description of the procedure modifier.
6.	Click on the Save button.

5.16 Changing a Reference Table Entry

Whenever necessary, you can update the information you have previously entered into WINASAP5010's reference tables. You may change data in the following reference tables:

- Provider
- Patient
- Anesthesia Code
- Condition Code
- Diagnosis Code
- External Cause of Injury Code
- Occurrence Code
- Patient's Reason For Visit Code
- Procedure Code
- Revenue Code
- Surgical Code
- Taxonomy Code
- Treatment Code
- Value Code
- Procedure Modifier

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Reference option.
2.	Select one of the options listed above e.g., Patient. This will open that particular option's List window.
3.	Highlight the specific entry you want to update.
4.	Click on the Change button. This will open a detail Data window.
5.	Make the necessary changes to the information displayed in the Data window.
6.	Click on the Save button.

5.17 Deleting a Reference Table Entry

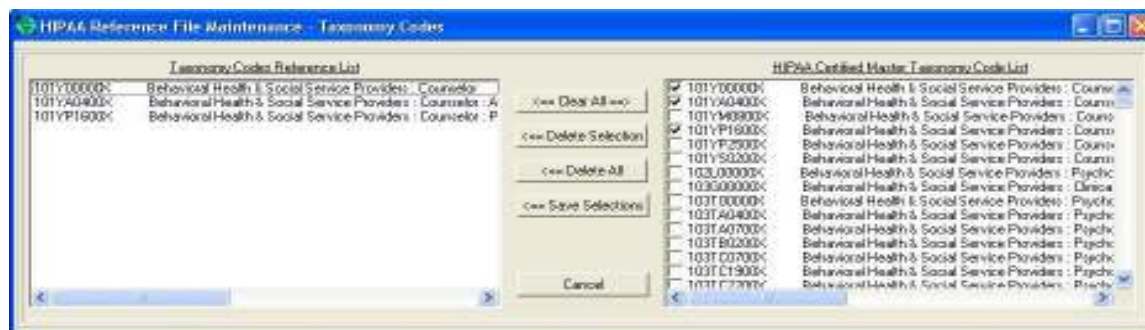
As necessary, you can delete information you have previously entered into WINASAP5010's reference tables. You may delete entries in the following reference tables:

- Provider
- Patient
- Anesthesia Code
- Condition Code
- Diagnosis Code
- External Cause of Injury Code
- Occurrence Code
- Patient's Reason For Visit Code
- Procedure Code
- Revenue Code
- Surgical Code
- Taxonomy Code
- Treatment Code
- Value Code
- Procedure Modifier

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Tools option.
2.	Select one of the options listed above e.g. Patient. This will open that particular option's List window.
3.	Highlight the specific entry you want to delete.
4.	Click on the Delete button.
5.	Click on the OK button to confirm that you really want to delete this table entry.

5.18 Preloaded Taxonomy Codes

WINASAP5010 has a preloaded set of Taxonomy Codes. Users can use it and add to the list of Taxonomy Codes which could be used for Providers.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu bar, select the Tools option.
2.	Select the Update Reference Files, then Taxonomy Codes option. This will open the HIPAA Reference File Maintenance – Taxonomy Codes window.
3.	On the right side of the window are the preloaded Taxonomy Codes. Mark the items using the checkboxes beside the Taxonomy Code you want to include in your Taxonomy Codes.
4.	Click on the <== Save Selections button to load the items.
5.	Clear <== Clear All ==> button would remove the items in your Taxonomy Code reference (This would not delete the items selected in the preloaded list).
6.	<p>While <== Delete Selection button would delete the highlighted items on the left side of the window from the Taxonomy Code reference.</p> <p><== Delete All button would delete the all items on the left side of the window from the Taxonomy Code reference.</p>

6 Claims Entry

Using WINASAP5010, you can bill for health care services for the following claim types:

- Dental
- Institutional
- Nursing Facility
- Professional

WINASAP5010 has a number of features designed to help you enter claims quickly and easily. Claim windows feature drop-down list boxes to help you select frequently used data such as recipient and provider names, procedure and diagnosis codes. When you select a recipient or provider name, the system automatically pre-loads the remaining required recipient and provider data from WINASAP5010's Reference database. The system also allows you to quickly enter claims through a **copy** function. This function allows you to create a new claim from a claim already entered into WINASAP5010's claim database. You can then modify the new claim as necessary.

You can also enter a partially completed claim into WINASAP5010's claims database by placing the claim in a "Hold" status. This special claim status prevents the claim from being selected in the Send processes. **Note: At a minimum all required fields will need to be completed.** When you complete the claim, you can change the status to "Keyed," and WINASAP5010 will automatically select the claim the next time you perform a Send process for that claim type. The system also allows you to delete claims from the claims database, regardless of the claim status.

6.1 Adding a Professional Claim

Data from a Professional claim form is entered into WINASAP5010 through 4 tabs. When you select the Add option for a Professional claim, the system displays a Professional Claim Data window. Once you complete the Claim Data tab, you will continue to complete the Claim Codes, Claim Information and Claim Line Items tabs.

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Bill Date: / / User Batch #: User Claim Number: Claim Status: Keyed Claim or Encounter Identifier: Chargeable

Patient Information

Patient ID: Patient Account #: Date of Birth: Sex:

Last Name: First Name: Middle Name/Initial:

Provider Information

Billing Provider: Pay-to-Address: Rendering Provider:

Taxonomy Code: Signature on File: No Yes Pay-to Plan: Taxonomy Code:

Referring Provider 1: Referring Provider 2:

Supervising Provider:

Claim Data

Health Care Diagnosis Codes

Diagnosis Type Code: Principal Diagnosis: Other Diagnosis Codes:

Anesthesia Related Procedure

Anesthesia Related Procedure Code 1: Anesthesia Related Procedure Code 2:

Condition Information

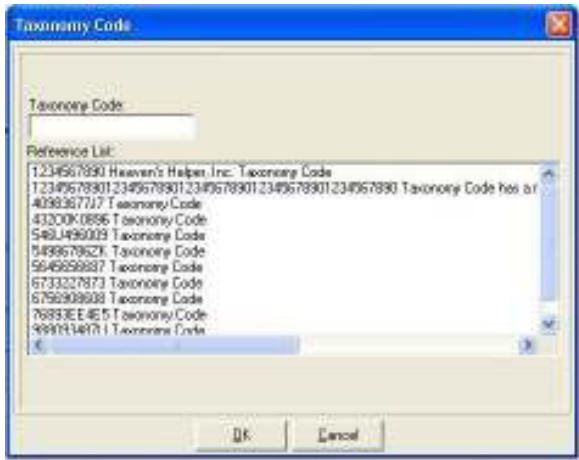

Condition Code List: Condition Codes:


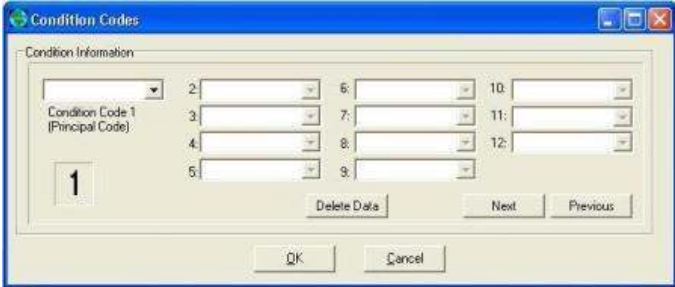
Place of Service: Claim Frequency: Type Code:

Next Page Save Cancel

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	On the Claims Submenu, select the Professional option. This will open the Professional Claim List window.
3.	Click on the Add button. This will open the Professional Claim Data window. At the top left-hand portion of the window you will see four tabs: <ul style="list-style-type: none"> • Claim Data • Claim Codes • Claim Information • Claim Line Items
4.	In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date,

STEPS	ACTIONS
	or click the calendar button to select the applicable bill date. To select the date double-click, this will enter the date and close the calendar window. This is a required field.
5.	In the User Batch # field, you may enter your own batch number up to four digits in length.
6.	In the User Claim Number field, you may enter your own claim number up to nine digits in length.
7.	In the Claim or Encounter Identifier drop down, you could choose Chargeable, Reporting or Subrogation Demand claims.
8.	<p>In the Patient Information section select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the Patient reference window. This is a required field.</p> <p>Note: If the patient has not been added to the Patient database, refer to the Maintaining Reference Data procedures. Follow the steps for Adding a New Patient to complete this step in adding a professional claim.</p>
9.	<p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none"> • Billing Provider ID – This is a required field. • Pay-to Address Name • Rendering Provider ID • Pay-to Plan ID – This is enabled only if the Claim or Encounter Identifier is set to “Subrogation Demand” <p>Note: For Pay-To Plan providers, only providers with Employer’s ID Number can be selected in the claims.</p> <ul style="list-style-type: none"> • Signature on File – This is a required field. • Referring Provider ID 1 • Referring Provider ID 2 – This will be enabled when Referring Provider ID 1 has a value. • Supervising Provider ID

STEPS	ACTIONS
10.	<p>Under the Billing Provider and Rendering Provider, there is a Taxonomy Code button. There is no required field in this window. The values displayed on the Reference list could be set in the 'Reference' menu -> Taxonomy Code</p> <p>Note: The corresponding button is only enabled when Billing Provider or Rendering Provider has value.</p> <p>Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double clicking a value from the list displayed in the Reference List.</p> 
11.	<p>Under the Billing Provider and Pay To Plan, there is a Tax ID button. The fields in it are required. Preloaded values are obtained from the Provider Tax Identification Number (entered in Provider Data Form; see Adding a New Provider section of this document). Thru this window, its value can be changed by the user if needed.</p> 

STEPS	ACTIONS
	<ul style="list-style-type: none"> Anesthesia Related Procedure Code 2 – This will be enabled when Anesthesia Related Procedure Code 1 field has a value. Place of Service – This is a required field Claim Frequency Type Code – This is a required field
12.	<p>In Other Diagnosis Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. The fields would only be enabled if their preceding fields are already entered.</p> <ul style="list-style-type: none"> Qualifier (up to 11) Code (up to 11) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
13.	<p>In Condition Code Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. The fields would only be enabled if their preceding fields are already entered.</p> <ul style="list-style-type: none"> Condition Code (up to 24) 
14.	Click on the Claim Codes tab or Next Page button.

STEPS	ACTIONS

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Claim Codes:

Medicare Assignment Code:

Release of Information Code:

Patient Signature Source Code:

Special Program Indicator Code:

Delay Reason Code:

Claim Filing Indicator:

Claim Indicators:

Homebound Indicator: ☐ Yes

Benefits Assignment Certification Indicator:

Claim Amounts:

Patient Amount Paid:

Claim Numbers:

Mammogram Certification Number:

Medical Record Number:

CUA Number 1:

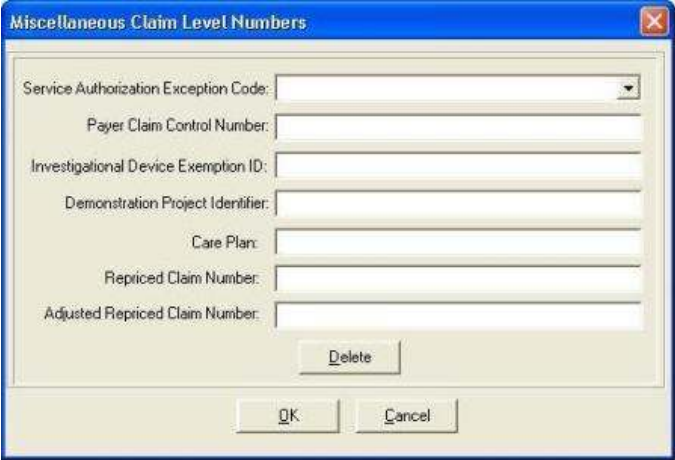
Referral Number:

Prior Authorization:

Other Claim Level Numbers:

Next Page Previous Page Save Cancel

STEPS	ACTIONS
15.	In the Claim Codes section complete the following fields: <ul style="list-style-type: none"> • Medicare Assignment Code – This is a required field. • Release of Information Code – This is a required field. • Patient Signature Source Code • Special Program Indicator Code • Delay Code • Claim Filing Indicator– This is a required field.
16.	In the Claim Indicators section complete the following fields: <ul style="list-style-type: none"> • Homebound Indicator • Assignment of Benefits Indicator – This is a required field.
17.	In the Claim Amounts section complete the following fields: <ul style="list-style-type: none"> • Patient Amount Paid
18.	In the Claim Numbers section complete the following fields:

STEPS	ACTIONS
	<ul style="list-style-type: none"> • Mammogram Certification Number • Medical Record Number • CLIA Number 1 • Referral Number • Prior Authorization <p>Other Claim Level Numbers Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Service Authorization Exception Code • Payer Claim Control Number • Investigational Device Exemption ID • Demonstration Project Identifier • Care Plan Oversight • Repriced Claim Number • Adjusted Repriced Claim Number  <p>Click on the Claim Information tab or click the Next Page button.</p>

19. Ambulance Transport Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Ambulance Transport Information, complete the following fields:

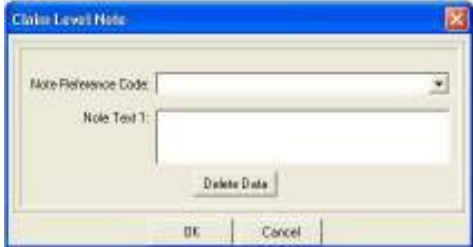
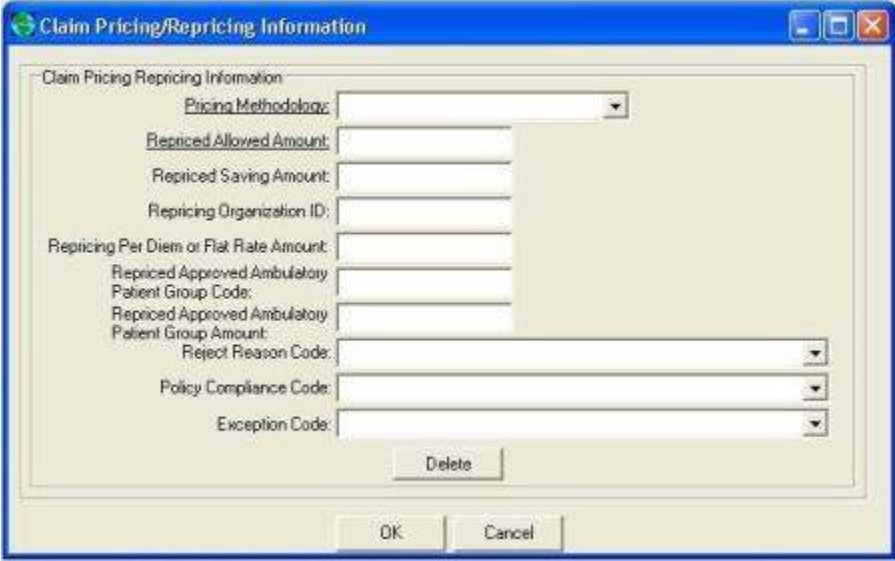
- Transport Reason Code – This is a required field.
- Transport Distance – This is a required field.
- Round Trip Purpose Description
- Stretcher Purpose Description
- Patient Weight
- Certification Indicator (up to 3)
- Conditions (up to 15)

20.

Transport Information Window - This is a situational window in the Ambulance Transport Information. The fields listed below are required only if the situation applies to the claim. Under Transport Information, complete the following fields:

From the Ambulance Pick Up Location Group

- Address – This is a required field.
- Address (cont'd)
- City – This is a required field
- State – This is a required field
- Zip Code – This is a required field.

21.	<p>Claim Note Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Claim Level Note, complete the following fields:</p> <ul style="list-style-type: none"> • Note Reference Code – This is a required field. • Note Text1 – This is a required field. 
22.	<p>Claim Price/Reprice Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Patient Group Code • Repriced Approved Ambulatory Patient Group Amount • Reject Reason Code • Policy Compliance Code • Exception Code 
23.	<p>Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p>

- Contract Type Code – This is a required field.
- Contract Amount
- Contract Percent
- Contract Code
- Terms Discount Percent
- Contract Version Identifier




The 'Contract Information' dialog box contains the following fields: Contract Type Code (a dropdown menu), Contract Amount, Contract Percent, Contract Code, Terms Discount Percent, and Contract Version Identifier. At the bottom, there are 'Delete Data', 'OK', and 'Cancel' buttons.

24. EPSDT Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under EPSDT Information, complete the following fields:

- Certification Condition Indicator
- Conditions (up to 3)

Note: If Certification Condition Indicator is set to “No”, then Condition 1 should be set to “NU: Not Used”.



The 'EPSDT Information' dialog box contains the following fields: Certification Condition Indicator (with radio buttons for 'Yes' and 'No'), and Conditions (three dropdown menus labeled 1, 2, and 3). At the bottom, there are 'Delete Data', 'OK', and 'Cancel' buttons.

25. File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under File Information, complete the following fields:

- Fixed Format Information

26. Miscellaneous Dates window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Onset of Current Illness/Symptom Date
- Date Last Seen
- Admission Date
- Date Last Worked
- Date Authorized Return to Work
- Assumed Care Date
- Relinquished Care Date
- Hearing and Vision Prescription Date
- Discharge Date
- Disability Dates (Begin and End)
- Property and Casualty Date First Contract
- Repricer Received Date

27. Other Subscriber Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. On Other Subscriber Page 1 tab, under Insured's Name section, complete the following

fields:

- Patient Relationship to Insured – This is a required field.
- Entity Type – This is a required field.
- Organization Name – This is a required field if Non-Person is selected in Entity Type field.
- Last Name – This is a required field if Person is selected in Entity Type field.
- First Name – This is a required field if Person is selected in Entity Type field.
- Middle Name/Initial – This will be enabled when Person is selected in Entity Type field.
- Suffix – This will be enabled when Person is selected in Entity Type field.

Under the Insured's Address, complete the following fields:

- Address
- Address (con't)
- City
- State
- Zip Code


Under Insured's Identification, complete the following fields.

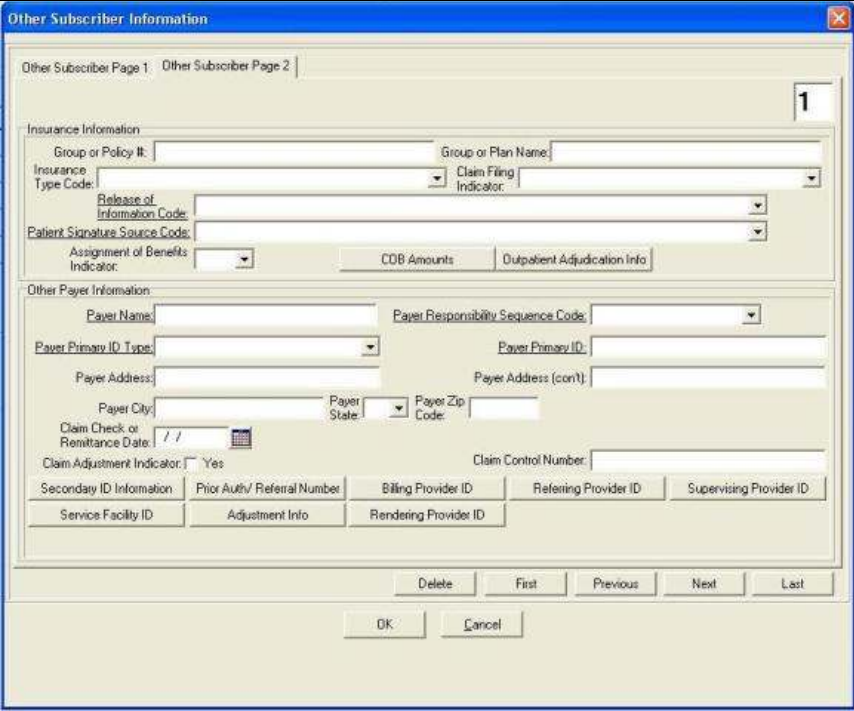

- Insured's Primary ID Type – This is a required field.
- Insured's Primary ID – This is a required field.

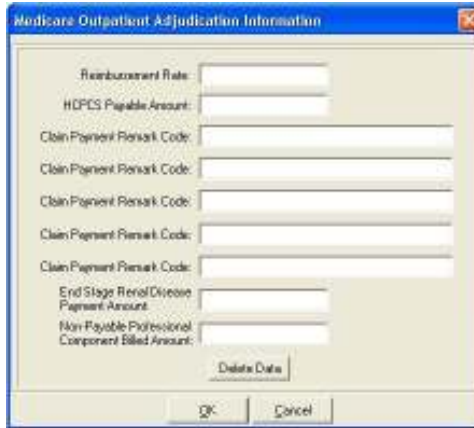
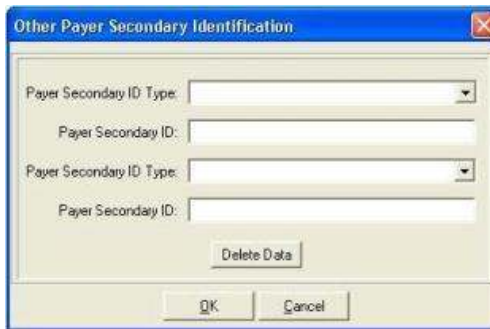
The screenshot shows a software window titled "Other Subscriber Information" with a close button in the top right corner. The window has a tabbed interface with "Other Subscriber Page 1" selected. A page number "1" is displayed in the top right corner of the form area. The form is divided into three main sections:

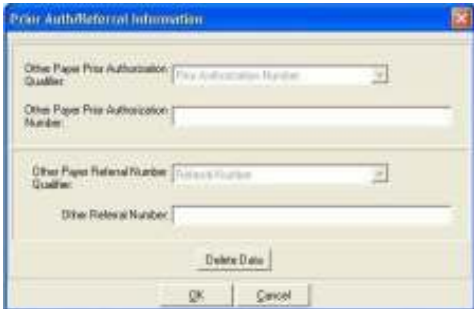

- Insured's Name:** Contains a dropdown for "Patient Relationship To Insured", a dropdown for "Entity Type", a text field for "Organization Name", and four text fields for "Last Name", "First Name", "Middle Name/Initial", and "Suffix".
- Insured's Address:** Contains a text field for "Address", a text field for "Address (con't)", a text field for "City", a dropdown for "State", and a text field for "Zip Code".
- Insured's Identification:** Contains a dropdown for "Insured's Primary ID Type", a text field for "Insured's Primary ID", and a button labeled "Secondary Identification".

At the bottom of the window, there are navigation buttons: "Delete", "First", "Previous", "Next", and "Last". Below these are "OK" and "Cancel" buttons.

28.	<p>If necessary, click on Secondary Identification button - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Insured's Secondary ID Type • Insured's Secondary ID <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>  <p>When finished, click on the Other Subscriber Page 2 button</p>
29.	<p>Under the Insurance Information section and complete the following fields:</p> <ul style="list-style-type: none"> • Group or Policy # • Group or Plan Name • Insurance Type Code • Claim Filing Indicator • Release of Information Code – This is a required field. • Patient Signature Source Code – This is a required field. • Assignment of Benefits Coordinator – If nothing is checked, a No will be assumed and sent with the claim.

	
<p>30.</p>	<p>COB Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under COB Information, complete the following fields:</p> <ul style="list-style-type: none"> • Paid Amount • Total Non-Covered Amount • Remaining Patient Liability 
<p>31.</p>	<p>Outpatient Adjudication Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under, Medicare Outpatient Adjudication Information, complete the following fields:</p> <ul style="list-style-type: none"> • Reimbursement Rate – This is a required field. • HCPCS Payable Amount • Remarks Code (up to 5) • End Stage Renal Disease Payment Amount • Non-Payable Professional Component Billed Amount

	 <p>A screenshot of the 'Medicare Outpatient Adjudication Information' window. It contains several input fields: Reimbursement Rate, HDPCS Payable Amount, four Claim Payment Remark Code fields, End Stage Renal Disease Payment Amount, and Non-Payable Professional Component Billed Amount. There are 'Delete Data', 'OK', and 'Cancel' buttons at the bottom.</p>
32.	<p>In the Other Payer Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Payer Name – This is a required field. • Payer Responsibility Sequence Code – This is a required field. • Payer Primary ID Type – This is a required field. • Payer Primary ID – This is a required field. • Payer Address • Payer Address (cont'd) • Payer City • Payer State • Payer Zip Code • Claim Adjustment Indicator
33.	<p>Secondary ID Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Other Payer Secondary Information, complete the following fields:</p> <ul style="list-style-type: none"> • Payer Secondary ID Type (up to 2) • Payer Secondary ID 2 (up to 2) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>  <p>A screenshot of the 'Other Payer Secondary Identification' window. It contains four input fields: Payer Secondary ID Type (dropdown), Payer Secondary ID, Payer Secondary ID Type (dropdown), and Payer Secondary ID. There are 'Delete Data', 'OK', and 'Cancel' buttons at the bottom.</p>
34.	<p>Prior Auth/Referral Number Window - This is a situational window. The</p>

	<p>fields listed below are required only if the situation applies to the claim. In the Prior Auth/Referral Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Other Payer Prior Authorization Qualifier – Auto populated • Other Payer Prior Authorization Number • Other Payer Referral Number Qualifier – Auto populated • Other Payer Referral Number 
35.	<p>Billing Provider ID Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Billing Provider ID Information Window, complete the following fields:</p> <ul style="list-style-type: none"> • Entity Type • ID Qualifier (up to 2) • Secondary ID (up to 2) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
36.	<p>Referring Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Referring Provider ID Information, complete the following fields:</p> <ul style="list-style-type: none"> • Entity ID Code – Auto populated field. When “Next” is pressed it would change to “Primary Care Provider” • Entity Type – Auto populated field. • Identification Type (up to 2)

- Identification Number (up to 2)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

37.

Supervising Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Supervising Provider ID Information, complete the following fields:

- Identification Type (up to 3)
- Identification Number (up to 3)


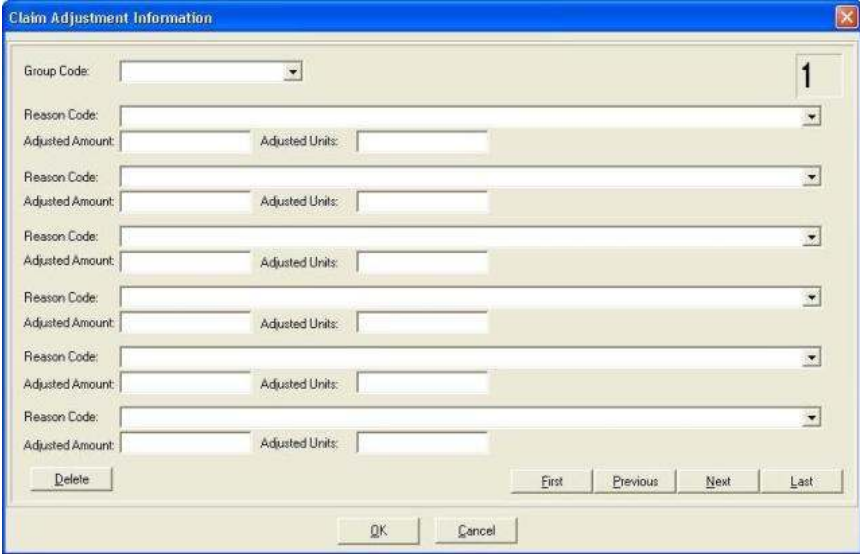
Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

38.

Service Facility ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Service Facility ID Information, complete the following fields:

- Entity ID Code – Auto populated field.
- Identification Type (up to 3)
- Identification Number (up to 3)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

	
39.	<p>Adjustment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Claim Adjustment Information, complete the following fields:</p> <ul style="list-style-type: none"> • Group Code drop-down list – This is a required field. • Reason Code (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6) <p>Note: If one of the three above fields is filled up, the remaining fields are required to be filled up. Either fill them all, or leave them blank.</p> 
40.	<p>Rendering Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Rendering Provider ID Information, complete the following fields:</p> <ul style="list-style-type: none"> • Entity Type – This is a required field. • Identification Type (up to 3)

- Identification Number (up to 3)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

41.

Spinal Manipulation Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Spinal Manipulation Information, complete the following fields:

- Nature of Condition – This is a required field.
- Condition Description 1
- Condition Description 2
- Is Medicare the Payer?
- Initial Treatment Date
- Last X-ray Date
- Acute Manifestation Date

42.

Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Supplemental Information, complete the following fields:

- Report Code (up to 10)

- Transmission Code (up to 10)
- Identification Code (up to 10)

Note: If one of the three above fields is filled up, the remaining fields are required to be filled up. Either fill them all, or leave them blank except when the Transmission Code is set to “Available on Request”, the Identification Code field must not be filled up.

	Report Code	Transmission Code	Identification Code
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			

Buttons: Delete Data, OK, Cancel

43.

Related Causes Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Related Causes Info, complete the following fields:

- Related Causes Codes (up to 2)
- Auto Accident State or Province Code
- Accident Country Code
- Accident County Code Accident Date 1

Related Causes Codes: [] []

Auto Accident State or Province Code: [] * Required if above code is "Auto Accident"

Accident Country Code: []

Accident Date 1: [] / [] / []

Buttons: Delete Data, OK, Cancel

44.

Service Facility Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Service Facility Information, complete the following fields:

- Entity Identifier Code – This is a required field.
- Facility Name
- Facility Primary ID type
- Facility Primary ID
- Facility Address 1 – This is a required field.
- Facility Address 2
- Facility City – This is a required field.
- Facility State – This is a required field.
- Zip Code – This is a required field.
- Facility Secondary ID type (up to 5)
- Facility Secondary ID (up to 5)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

- Submitter Contact Name
- Telephone
- Extension

The screenshot shows a 'Service Facility Information' window with the following fields and controls:

- Entity Identifier Code: [Service Location] (dropdown)
- Facility Name: [Text field]
- Facility Primary ID Type: [Text field]
- Facility Primary ID: [Text field]
- Facility Address 1: [Text field]
- Facility Address 2: [Text field]
- Facility City: [Text field]
- Facility State: [Text field]
- Zip Code: [Text field]
- Facility Sec ID Type 1: [Text field]
- Facility Secondary ID 1: [Text field]
- Facility Sec ID Type 2: [Text field]
- Facility Secondary ID 2: [Text field]
- Facility Sec ID Type 3: [Text field]
- Facility Secondary ID 3: [Text field]
- Submitter Contact Name: [Text field]
- Telephone: [Text field]
- Extension: [Text field]
- Buttons: Delete Data, OK, Cancel

45.

Vision Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Patient Vision Information, complete the following fields:

- Code Category (up to 3)
- Certification Condition Indicator (up to 3)
- Conditions (up to 15)

Patient Vision Information

Code Category: [] Code Category: [] Code Category: []

Certification Condition Indicator: ☒ Yes Certification Condition Indicator: ☒ Yes Certification Condition Indicator: ☒ Yes

Conditions: [] Conditions: [] Conditions: []

Conditions: [] Conditions: [] Conditions: []

Conditions: [] Conditions: [] Conditions: []

Conditions: [] Conditions: [] Conditions: []

Delete Data

OK Cancel

Click on Claim Line Items tab or Next Page button.

Professional Claim Data

Claim Data | Claim Codes | Claim Information | Claim Line Items

Claim Line Items:

Service Date(s): [] Service Qual: [] Proc Code: [] Procedure Modifiers: [] Unit Code: [] Units: 1

Charges: [] Diagnosis Code Pointers: [] Place of Service: [] Line Item Description: []

Add line item

Additional Line Item Information

Attachment Info	File Info	Medical Equipment Info	Miscellaneous Providers
Ambulance/Transport Info	Form/ID Info	Miscellaneous Amounts	Purchased Service Info
Contact Info	Line Adjudication Info	Miscellaneous Dates	Service Facility Info
DMERC Condition Info	Line Item Notes	Miscellaneous Indicators	Supplemental Info
Drug Information	Use Price/Reprice Info	Miscellaneous Numbers	Test Results


Delete Copy First Previous Next Last

#	Service Dates From To	Proc Code	Modifiers 1 2 3 4	Units of Service	Charges
1					
2					
3					
4					
5					

Total Claim Charges: []

First Page Previous Page Save Cancel

46. Under the Claim Line Items section, complete the following fields:
- Service Date(s) – This is a required field.
 - Service Qual – This is a required field.
 - Proc Code – This is a required field.
 - Procedure Modifiers (up to 4)
 - Unit Code – This is a required field.
 - Units – This is a required field.

	<ul style="list-style-type: none"> • Charges – This is a required field. • Diagnosis Code Pointers (up to 4) – This is a required field. • Place of Service • Line Item Description <p>If you are done entering all of the information for this line item, click the Add line Item button to add the line item to the grid below. Then click Save. If another line item needs to be entered, continue filling in the appropriate information and clicking add line item until all line items have been entered for this claim and then click Save.</p> <p>Other line item choices:</p> <ul style="list-style-type: none"> • Delete - Deletes the current line item • Copy - Copies the current line item. This does not copy any line item situational information • First - Scrolls you to the first line item • Previous - Scrolls you to the previous line item • Next - Adds a line item or scrolls you from one line to the next • Last - Scrolls you to the last line item <p>NOTE: All the buttons on the Additional Line Item Information would become enabled after the required items have been entered.</p>
47.	<p>Under the Additional Line Item Information section complete the following fields under each button. All of the buttons in this section are situational. If the situation applies to the claim, enter the appropriate information:</p> <p>Attachment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Transmission Code 
48.	<p>Ambulance Transport Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Transport Reason – This is a required field. • Transport Distance – This is a required field. • Round Trip Purpose Description • Stretcher Purpose Description • Patient Weight

- Patient Count
- Obstetric Anesthesia Count
- Certification Indicator (up to 3)
- Conditions (up to 15)

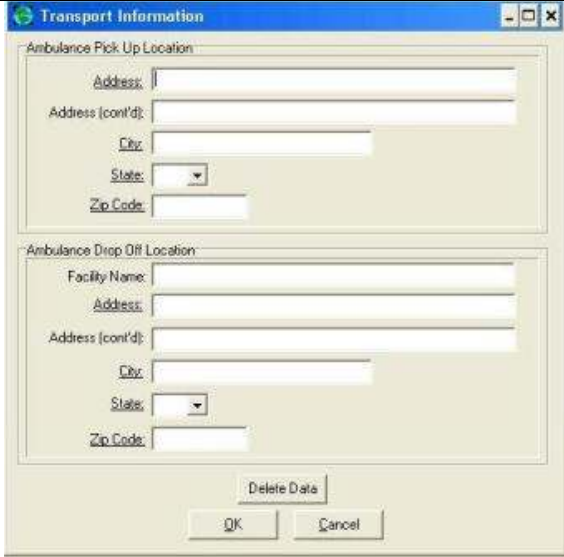

- 49.** Transport Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Transport Information, complete the following fields:

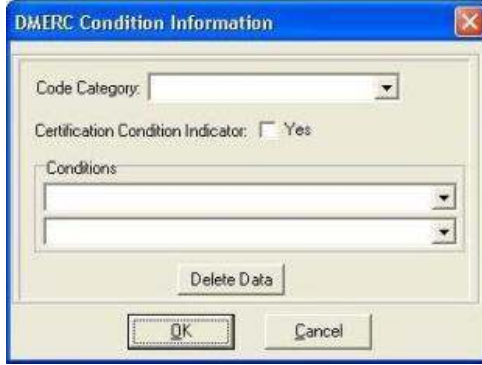


From the Ambulance Pick Up Location Group



- Address – This is a required field.
- Address (cont'd)
- City – This is a required field.
- State – This is a required field.
- Zip Code – This is a required field.

From the Ambulance Drop Off Location Group

- Facility Name
- Address – This is a required field.
- Address (cont'd)
- City – This is a required field.
- State – This is a required field.
- Zip Code – This is a required field.

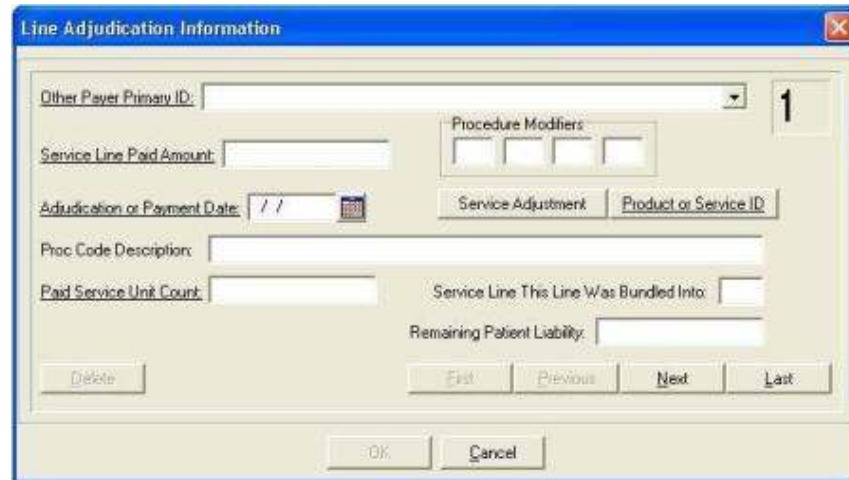
	
50.	<p>Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Contract Type Code – This is a required field. • Contract Amount • Contract Percent • Contract Code • Terms Discount Percent • Contract Version Identifier 
51.	<p>DMERC Condition Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code Category • Certification Condition Indicator • Conditions (up to 2)

	 <p>The DMERC Condition Information dialog box contains the following fields: Code Category (dropdown), Certification Condition Indicator (checkbox labeled 'Yes'), Conditions (two stacked dropdowns), Delete Data (button), OK (button), and Cancel (button).</p>
52.	<p>Drug Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • National Drug Code • National Drug Unit Count – This is a required field. • Code Qualifier – This is a required field. <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> <ul style="list-style-type: none"> • Reference Identification Qualifier • Prescription Number <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The Drug Information dialog box contains the following fields: National Drug Code (text), National Drug Unit Count (text), Code Qualifier (dropdown), Reference Identification Qualifier (dropdown), Prescription Number (text), Delete (button), OK (button), and Cancel (button).</p>
53.	<p>File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Fixed Format Information  <p>The File Information dialog box contains the following fields: Fixed Format Information (text), Next (button), Previous (button), Delete Data (button), OK (button), and Cancel (button). A small box with the number '1' is visible in the top right corner.</p>

54.	<p>File Identification Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Form ID Code – This is a required field. • Industry Code – This is a required field. • Supporting Documentation – value in this window is needed to be filled up. 
55.	<p>Support Documentation Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Question Number/Letter – This is a required field. • Question Response – This is a required field • Question Response • Question Response date • Question Response Percentage 
56.	<p>Line Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Other Payer Primary ID – This is a required field • Service Line Paid Amount – This is a required field • Procedure Modifiers (up to 4) • Adjudication or Payment Date – This is a required field

- Proc Code Description
- Paid Service Unit Count – This is a required field.
- Service Line this Line Was Bundled Into
- Remaining Patient Liability

Note: You need to input values on the Product or Service ID window in order to save values on this window

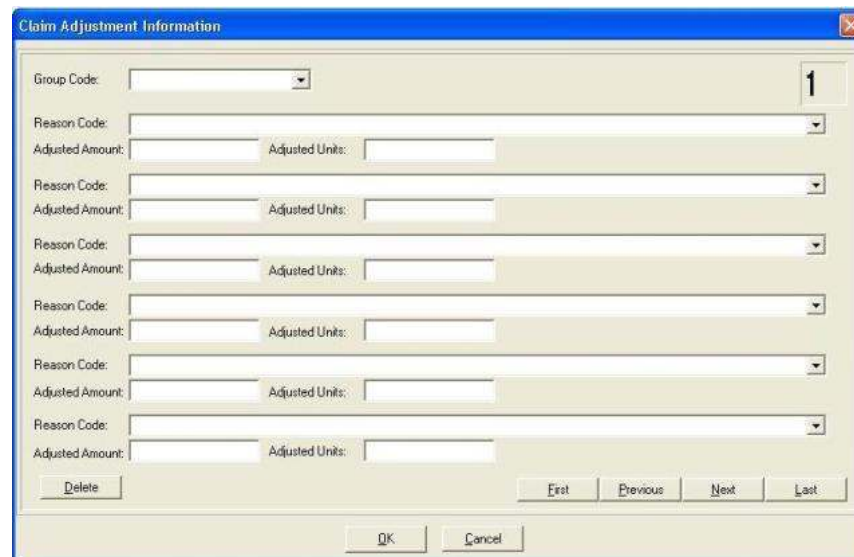


The 'Line Adjudication Information' window contains the following fields and controls:

- Other Payer Primary ID: [Text Field]
- Service Line Paid Amount: [Text Field]
- Adjustment or Payment Date: [Date Picker]
- Proc Code Description: [Text Field]
- Paid Service Unit Count: [Text Field]
- Procedure Modifiers: [Four checkboxes]
- Service Adjustment: [Text Field]
- Product or Service ID: [Text Field]
- Service Line This Line Was Bundled Into: [Text Field]
- Remaining Patient Liability: [Text Field]
- Buttons: Delete, First, Previous, Next, Last, OK, Cancel

57. Service Adjustment Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

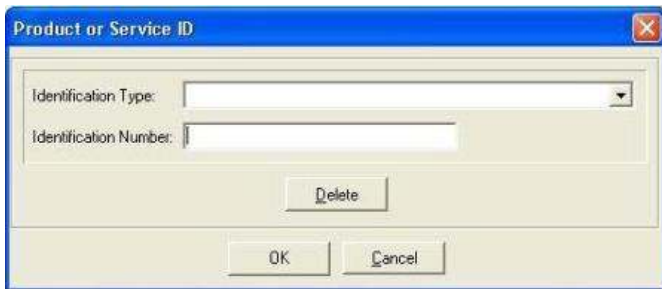
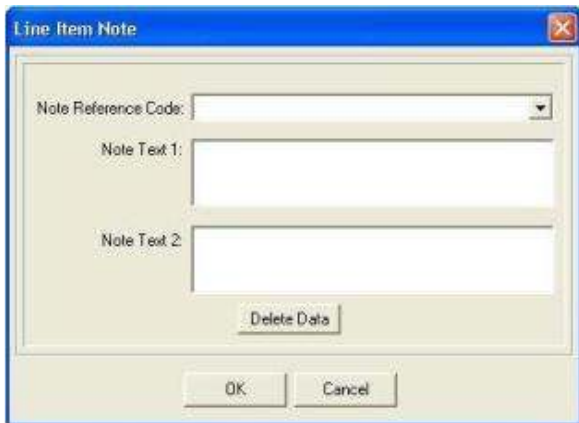
- Group Code – This is a required field
- Reason Code (up to 6)
- Adjustment Amount (up to 6)
- Adjustment Units (up to 6)



The 'Claim Adjustment Information' window contains the following fields and controls:

- Group Code: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Reason Code: [Text Field]
- Adjusted Amount: [Text Field]
- Adjusted Units: [Text Field]
- Buttons: Delete, First, Previous, Next, Last, OK, Cancel

58. Product or Service Window - This is a required window.

	<ul style="list-style-type: none"> • Identification Type – This is a required field. • Identification Number – This is a required field. 
59.	<p>Line Item Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Reference Code – This is a required field. • Note Text1 – This is a required field. • Note Text2 
60.	<p>Line Price/Reprice Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Patient Group Code • Repriced Approved Ambulatory Patient Group Amount • Unit or Basis to Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Exception Code

- Product or Service ID Qualifier
- Repriced Approved HCPCS Code

Claim Pricing/Repricing Information

Claim Pricing Repricing Information

Pricing Methodology:

Repriced Allowed Amount:

Repriced Saving Amount:

Repricing Organization ID:

Repricing Per Diem or Flat Rate Amount:

Repriced Approved Ambulatory Patient Group Code:

Repriced Approved Ambulatory Patient Group Amount:

Unit or Basis for Measurement Code:

Repriced Approved Service Unit Count:

Reject Reason Code:

Policy Compliance Code:

Exception Code:

Product or Service ID Qualifier:

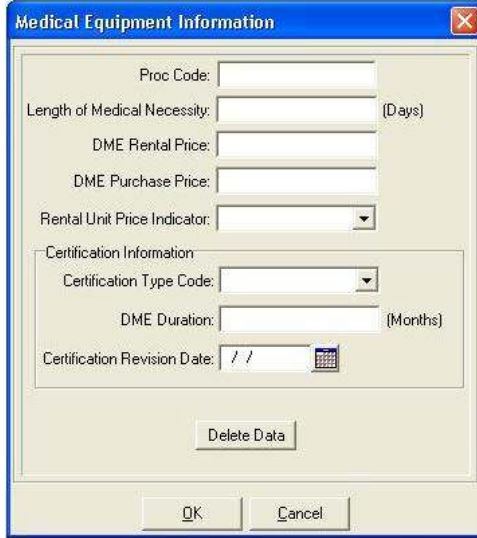

Repriced Approved HCPCS Code:

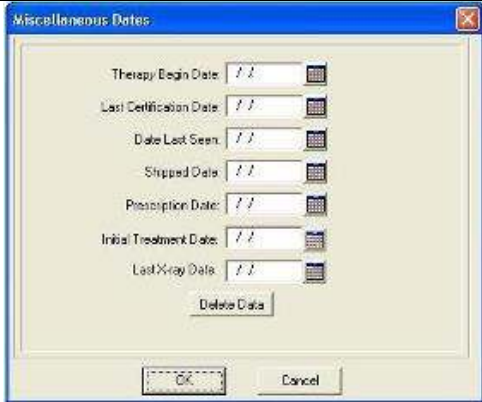

Delete

OK Cancel

61. Medical Equipment Info Window- This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Proc Code – Auto populated field
- Length of Medical Necessity – This is a required field.
- DME Rental Price – This is a required field.
- DME Purchase Price
- Rental Unit Price Indicator
- Certification Type Code
- DME Duration
- Certification Revision Date

	 <p>The 'Medical Equipment Information' dialog box contains the following fields: Proc Code, Length of Medical Necessity (Days), DME Rental Price, DME Purchase Price, Rental Unit Price Indicator (dropdown), Certification Information section with Certification Type Code (dropdown), DME Duration (Months), and Certification Revision Date (calendar icon). It includes 'Delete Data', 'OK', and 'Cancel' buttons.</p>
62.	<p>Miscellaneous Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Sales Tax Amount • Postage Claimed Amount  <p>The 'Miscellaneous Amounts' dialog box contains the following fields: Sales Tax Amount and Postage Claimed Amount. It includes 'Delete Data', 'OK', and 'Cancel' buttons.</p>
63.	<p>Miscellaneous Dates Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Therapy Begin Date • Last Certification Date • Date Last Seen • Shipped Date • Prescription Date • Initial Treatment Date • Last X-ray Date

	
64.	<p>Miscellaneous Indicators Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Is this a Medicare claim involving physician services to a hospice patient? • Is the physician employed by the Hospice • Was the service a result of a screening referral? • Family Planning? • Was the service an emergency? • Is the patient co-pay exempt? 
65.	<p>Miscellaneous Numbers Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Line Item Control Number • Mammography Certification Number • Immunization Batch Number • Repriced Line Item • CLIA Number • Referring CLIA Number

- Adjusted Repriced Line Item
- Under Prior Authorization:
 - Reference ID (up to 5)
 - Secondary ID (up to 5)
- Under Referral Numbers:
 - Reference ID (up to 5)
 - Secondary ID (up to 5)

Miscellaneous Numbers Information

Line Item Control Number: CLIA Number:

Mammography Certification Number: Referring CLIA Number:

Immunization Batch Number: Adjusted Repriced Line Item:

Repriced Line Item:

Prior Authorization:

Reference ID	Secondary ID
1: <input type="text"/>	<input type="text"/>
2: <input type="text"/>	<input type="text"/>
3: <input type="text"/>	<input type="text"/>
4: <input type="text"/>	<input type="text"/>
5: <input type="text"/>	<input type="text"/>

Referral Numbers:

Reference ID	Secondary ID
1: <input type="text"/>	<input type="text"/>
2: <input type="text"/>	<input type="text"/>
3: <input type="text"/>	<input type="text"/>
4: <input type="text"/>	<input type="text"/>
5: <input type="text"/>	<input type="text"/>

Delete Data

OK Cancel

66.

Miscellaneous Providers Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Rendering Provider
- Purchased Service Provider
- Supervising Provider
- Ordering Provider
- Referring Provider
- Primary Care Physician – This would be enabled after the Referring Provider is inputted.

Miscellaneous Providers

Rendering Provider:

Purchased Service Provider:

Supervising Provider:


Ordering Provider:

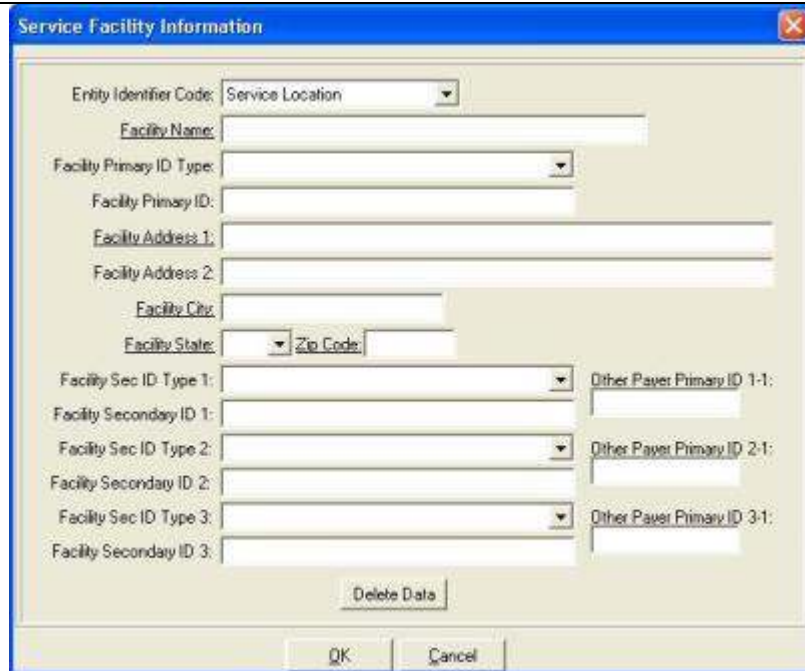
Referring Provider:

Primary Care Physician:

Delete Data

OK Cancel

67.	<p>Purchased Service Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Purchased Service Provider ID – This is a required field. • Purchased Service Charge Amount – This is a required field. 
68.	<p>Service Facility Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Identifier Code – Auto populated field. • Facility Name – This is a required field. • Facility Primary ID Type – Auto populated field • Facility Primary ID – This is a required field • Facility Address 1 – This is a required field. • Facility Address 2 • Facility City – This is a required field. • Facility State – This is a required field. • Zip Code – This is a required field. • Facility Secondary ID Type drop-down list (up to 3) • Facility Secondary ID (up to 3) • Facility Secondary ID (up to 3) <p>Note: If one of the three above fields is filled up, the remaining fields are required to be filled up. Either fill them all, or leave them blank.</p>



Service Facility Information

Entity Identifier Code: Service Location

Facility Name:

Facility Primary ID Type:

Facility Primary ID:

Facility Address 1:

Facility Address 2:

Facility City:

Facility State:

Zip Code:

Facility Sec ID Type 1:

Facility Secondary ID 1:

Facility Sec ID Type 2:

Facility Secondary ID 2:

Facility Sec ID Type 3:

Facility Secondary ID 3:

Other Payer Primary ID 1-1:

Other Payer Primary ID 2-1:

Other Payer Primary ID 3-1:

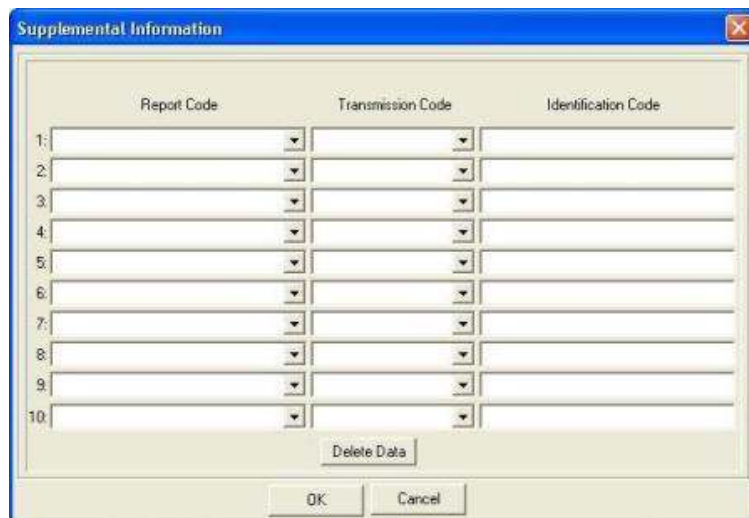
Delete Data

OK Cancel

69. Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Supplemental Information, complete the following fields:

- Report Code (up to 10)
- Transmission Code (up to 10)
- Identification Code (up to 10)

Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.

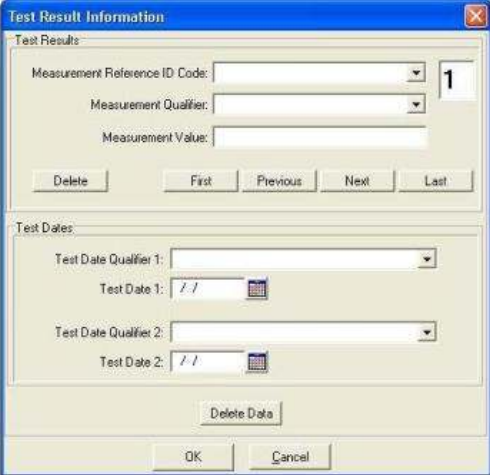


Supplemental Information

	Report Code	Transmission Code	Identification Code
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			

Delete Data

OK Cancel

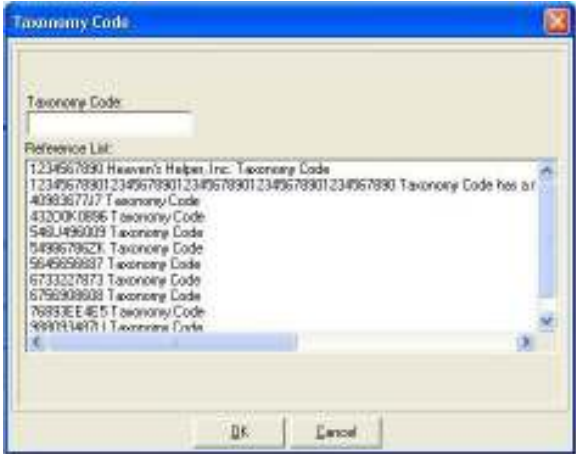

70.	<p>Test Results Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Measurement Reference ID Code – This is a required field. • Measurement Qualifier – This is a required field. • Measurement Value – This is a required field. • Test Date Qualifier (up to 2) • Test Date (up to 2) 
71.	<p>The Total Claim Charges field will be automatically calculated based on the line item charges.</p>
72.	<p>Click Save to save the claim.</p>

6.2 Adding an Institutional Claim

Data from an Institutional claim form is entered into WINASAP5010 through 3 tabs. When you select the ADD option for an institutional claim, the system displays an Institutional Claim Data window. Once you complete the Claim Data tab, you will continue to complete the Claim Codes and Claim Line Items tabs.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	From the Claims Submenu, select the Institutional option. This will open the Institutional Claim List Window.
3.	Click on the Add button. This will open the Institutional Claim Data window. At the top left-hand portion of the window you will see three tabs: <ul style="list-style-type: none"> • Claim Data • Claim Codes • Claim Line Items

STEPS	ACTIONS
4.	In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date. This is a required field.
5.	In the User Batch # field, you may enter your own batch number up to four digits in length.
6.	In the User Claim Number field, you may enter your own claim number up to nine digits in length.
7.	In the Claim Identifier drop-down list, select the appropriate transaction type. By default, it is selected as "Chargeable".
8.	<p>In the Patient Information section select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the patient reference window. This is a required field.</p> <p>Note: If the patient has not been added to the Patient database, refer to the Maintaining Reference Data procedures. Follow the steps for Adding a New Patient to complete this step in adding an institutional claim.</p>
9.	<p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none"> • Billing Provider ID – This is a required field. • Pay-To Address ID • Service Facility Location • Attending Provider ID • Operating Physician ID • Other Operating Physician ID – This is enabled when Operating Physician ID field has a value. • Rendering Provider ID • Referring Provider ID • Pay To Plan ID –This is enabled only if the Transaction Type is set to "Subrogation Demand" <p>Note: For Pay-To Plan providers, only providers with Employer's ID Number can be selected in the claims.</p>
10.	<p>Taxonomy Code Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Taxonomy Code

STEPS	ACTIONS
	<p>Note: The corresponding button is only enabled when Billing Provider or Attending Provider has value.</p> <p>Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double clicking a value from the list displayed in the Reference List.</p>  <p>Under the Billing Provider and Pay To Plan, there is a Tax ID button. The fields in it are required. Preloaded values are obtained from the Provider Tax Identification Number (entered in Provider Data Form; see Adding a New Provider section of this document). Thru this window, its value can be changed by the user if needed.</p> 
11.	<p>In the Claim Data section, complete the following fields:</p> <p>Admission</p> <ul style="list-style-type: none"> • Date • Hr • Min • Type – This is a required field. • SRC

STEPS	ACTIONS
	<p>Discharge</p> <ul style="list-style-type: none"> • Stat – This is a required field. • Hr • Min <p>Statement Coverage Period</p> <ul style="list-style-type: none"> • From/Through fields – This is a required field. • Referral # • Prior Authorization # • Type of Bill – This is a required field. • Auto Accident State • Medical Record • Repricer Received Data
12.	Click the Claim Codes tab or Next Page button.

Institutional Claim Data

Claim Data | **Claim Codes** | Claim Line Items

Procedure Codes

Principal Procedure Code Qualifier: Principal Procedure Code: Principal Procedure Date:

Diagnosis Codes

Principal Diagnosis Code Qualifier: Principal Diagnosis Code: Present on Admission Indicator:

Admitting Diagnosis Code Qualifier: Admitting Diagnosis Code:

Additional Claim Codes

Assignment or Plan Participation Code:

Release of Information Code:

Delay Reason Code:

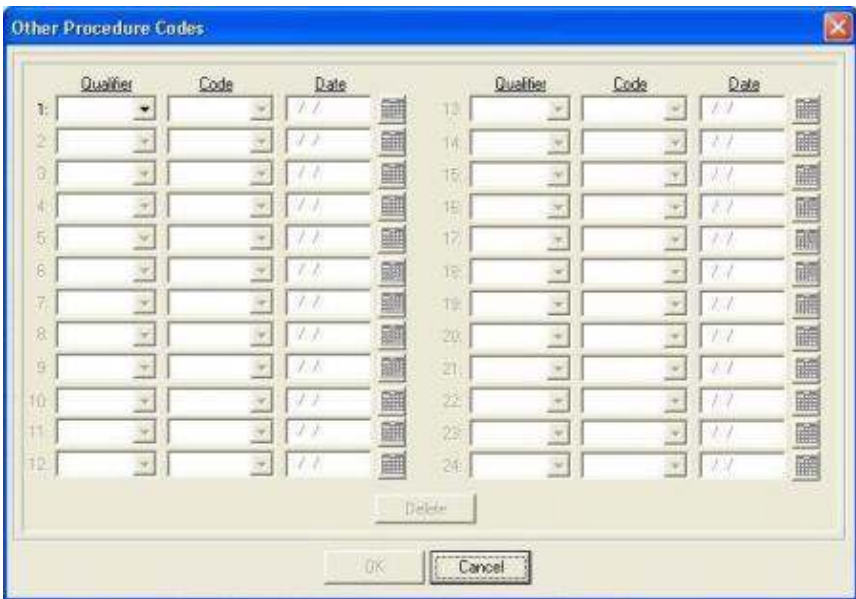
Claim Filing Indicator Code:

Assignment of Benefits Indicator: DRG Code:

Additional Claim Information

Patient Responsibility Amount:

13.	<p>In the Procedure Codes section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Principal Procedure Qualifier • Principal Procedure Code
-----	---

	<ul style="list-style-type: none"> Principal Procedure Date <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p>
14.	<p>Other Procedure Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> Qualifier (up to 24) Code (up to 24) Date (up to 24) <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p> 
15.	<p>In the Diagnosis Code section, complete the following fields:</p> <ul style="list-style-type: none"> Principal Diagnosis Code Qualifier – This is a required field. Principal Diagnosis Code – This is a required field. Present on Admission Indicator Admitting Diagnosis Code Qualifier Admitting Diagnosis Code <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>
16.	<p>Other Diagnosis Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> Code Qualifier (up to 24)

- Other Diagnosis Code (up to 24)
- Present on Admission Indicator (up to 24)

Note: If Code Qualifier or Other Diagnosis Code is filled up, the other is required.

17.

In the Additional Claim Codes section, complete the following fields:



- Assignment or Plan participation Code – This is a required field.
- Release of Information Code – This is a required field.
- Delay Reason Code
- Claim Filing Indicator Code – This is a required field.
- Assignment of Benefits Indicator – This is a required field.
- DRG Code

18.

Patient Reason for Visit Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Patient Reason for Visit Code Qualifier (up to 3)
- Patient Reason for Visit (up to 3)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

	
19.	<p>External Cause of Injury Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code Qualifier (up to 12) • External Cause of Injury Code (up to 12) • Present on Admission Indicator (up to 12) <p>Note: If Code Qualifier or External Cause of Injury Code is filled up, the other is required.</p> 
20.	<p>Occurrence Span Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code (up to 24) • From (up to 24) • Through (up to 24) <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p>

Occurrence Span Codes

	Code	From	Through		Code	From	Through
1:		//		13:		//	
2:		//		14:		//	
3:		//		15:		//	
4:		//		16:		//	
5:		//		17:		//	
6:		//		18:		//	
7:		//		19:		//	
8:		//		20:		//	
9:		//		21:		//	
10:		//		22:		//	
11:		//		23:		//	
12:		//		24:		//	

Delete

OK Cancel

21. Occurrence Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Date (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

Occurrence Codes

	Code	Date		Code	Date
1:		//	13:		//
2:		//	14:		//
3:		//	15:		//
4:		//	16:		//
5:		//	17:		//
6:		//	18:		//
7:		//	19:		//
8:		//	20:		//
9:		//	21:		//
10:		//	22:		//
11:		//	23:		//
12:		//	24:		//

Delete

OK Cancel

22. Value Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Amount (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

23.

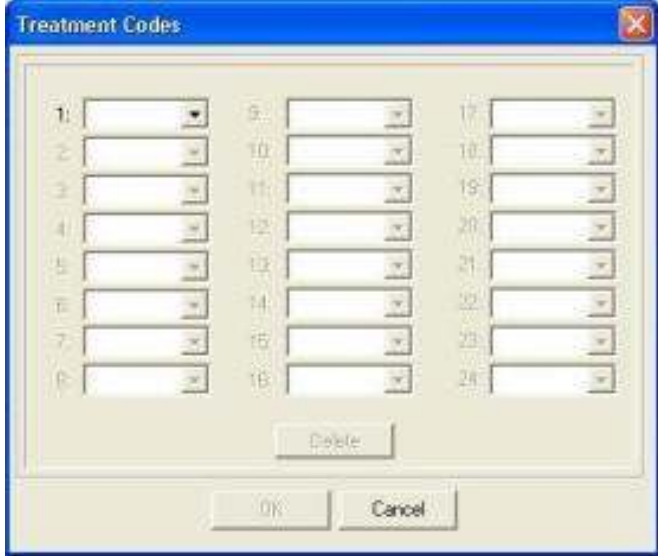
Condition Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

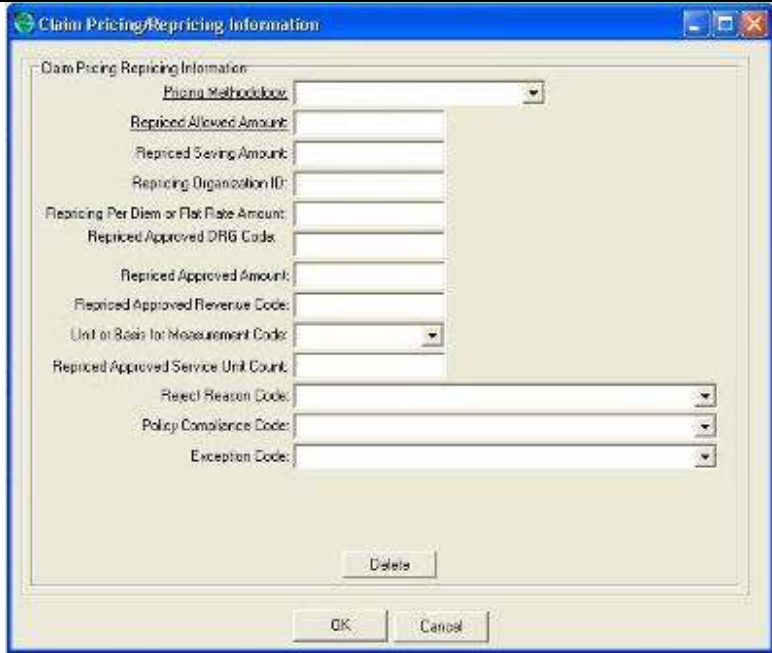
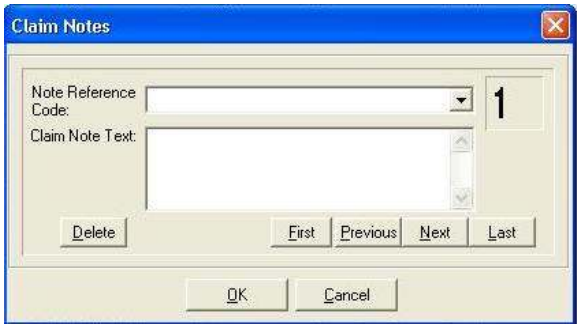
- Code (up to 24)


24.

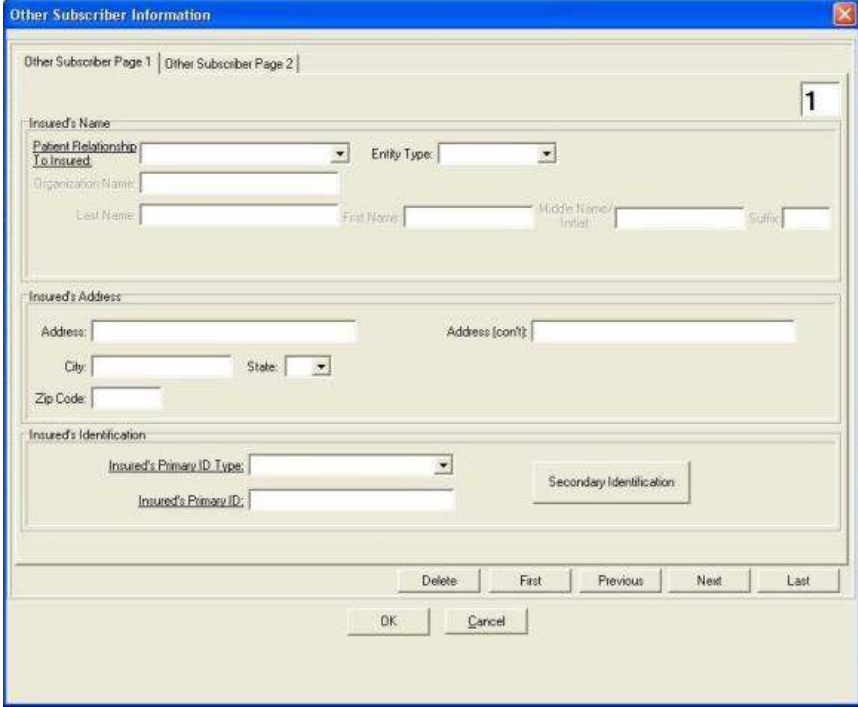
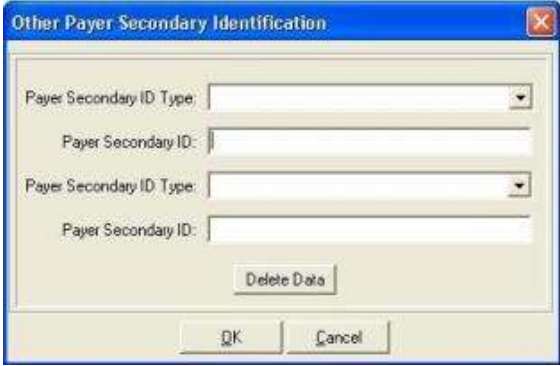
Treatment Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)

	
25.	<p>Claim Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Pat Group • Repriced Approved Amount • Repriced Approved Revenue Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Exception Code

	
26.	<p>In the Additional Claim Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Responsibility Amount
27.	<p>Claim Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Reference Code (up to 10). • Notes (up to 10) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
28.	<p>Billing Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Text

	
29.	<p>On Other Subscriber Page 1 tab, under the Insured's Name section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Relationship to Insured – This is a required field. • Entity Type – This is a required field. • Organization Name – This field is required if Non-Person in Entity Type field is selected. • Last Name – This field is required if Person in Entity Type field is selected. • First Name – This field is required if Person in Entity Type field is selected. • Middle Name/Initial – This field is enabled if Person in Entity Type field is selected. • Suffix – This field is enabled if Person in Entity Type field is selected. <p>Under the Insured's Address section, complete the following fields.</p> <ul style="list-style-type: none"> • Address – This is a required field. • Address (con't) • City • State • Zip Code <p>Under Insured's Identification section, complete the following fields.</p> <ul style="list-style-type: none"> • Insured's Primary ID Type – This is a required field. • Insured's Primary ID – This is a required field.

	
<p>30.</p>	<p>Secondary Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Insured's Secondary ID Type (up to 2) • Insured's Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>When finished, click on the Other Subscriber Page 2 tab.</p>
<p>31.</p>	<p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Group or Policy # • Group or Plan Name • Claim Filing Indicator

- Release of Information Code – This is a required field.
- Assignment of Benefits Indicator

32. COB Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- COB Payer Paid Amount
- Remaining Patient Liability
- COB Total Non-Covered Charges

33. Outpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Outpatient Reimbursement Rate
- HCPCS Payable Amount
- Remarks Code (up to 5)
- End Stage Renal Disease Payment Amount

- Non-Payable Professional Component Billed Amount

Medicare Outpatient Adjudication Information

Reimbursement Rate:

HCPCS Payable Amount:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

End Stage Renal Disease Payment Amount:

Non-Payable Professional Component Billed Amount:

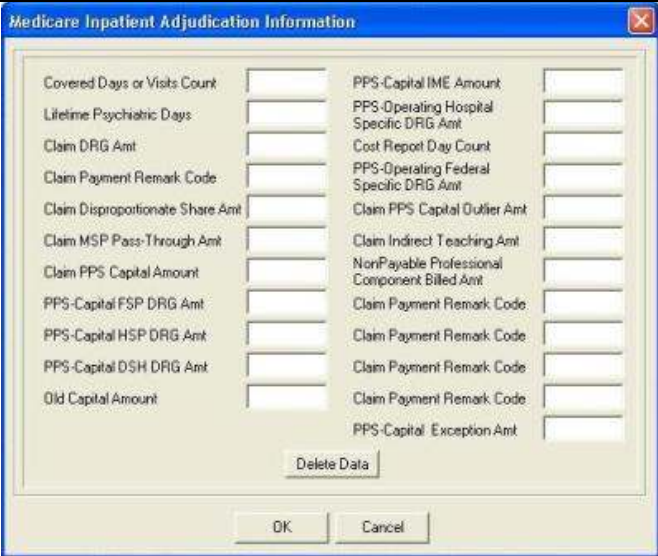
Delete Data

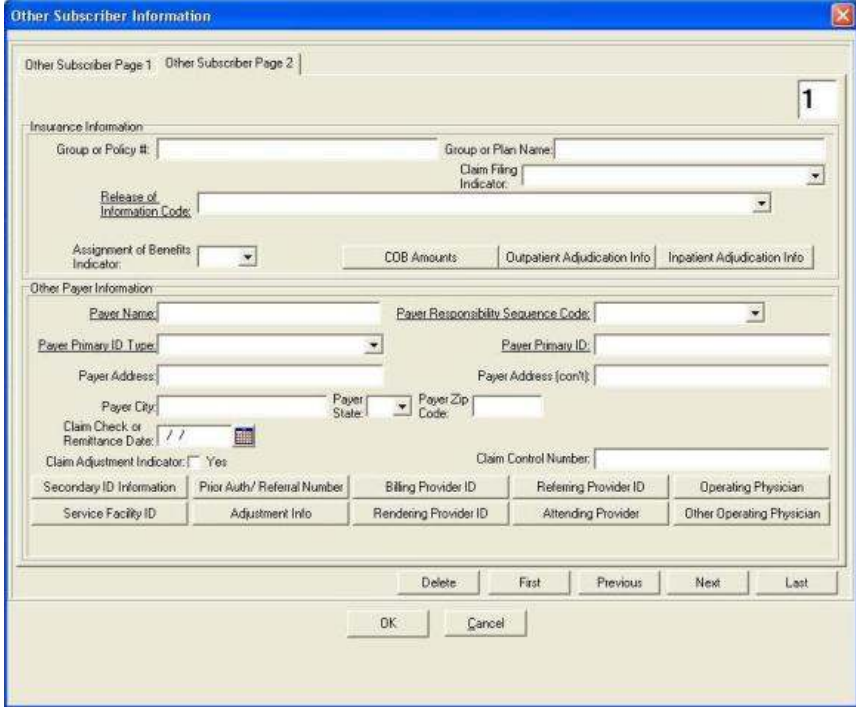
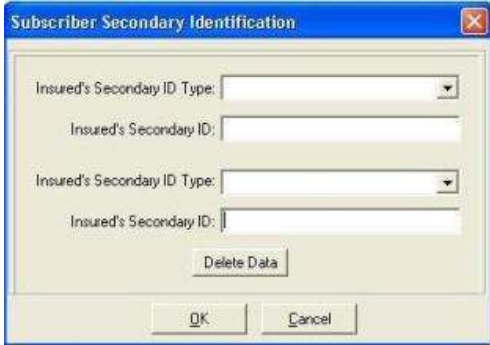
OK Cancel



34.



Inpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.


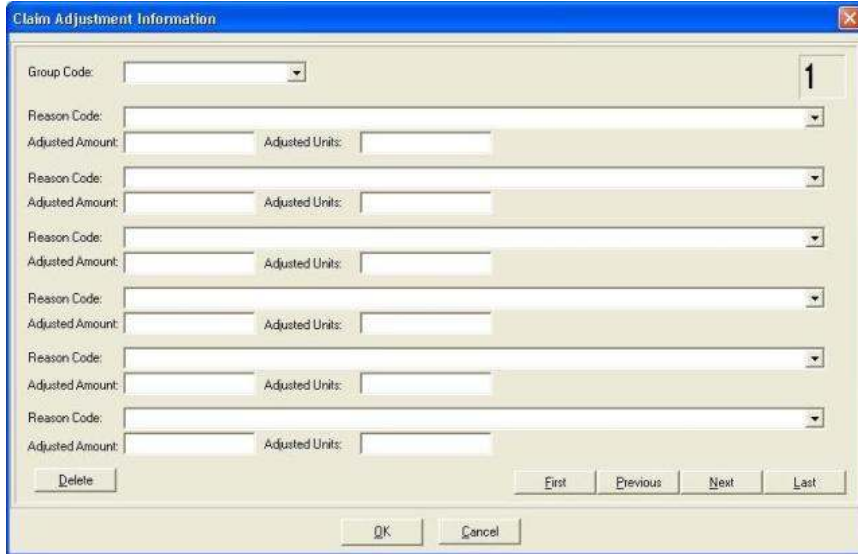
- Covered Days
- Lifetime Psychiatric Days
- Remaining Patient Liability Amt
- Claim Payment Remark Code
- Claim Disproportionate Share Amount
- Claim MSP Pass-Through Amount
- Claim PPS Capital Amount
- PPS-Capital FSP DRG Amount
- PPS-Capital HSP DRG Amount
- PPS-Capital DSH DRG Amount
- Old Capital Amount
- PPS-Capital IME Amount
- PPS-Operating DRG Amount
- Cost Report Day Count
- PPS-Operating Federal DRG
- Claim PPS Capital Outliner Amt
- Claim Indirect Teaching Amt
- NonPayable Professional Component Billed Amount
- Claim Payment Remark Code (up to 4)
- PPS-Capital Exception Amt



	
35.	<p>In the Other Payer Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Payer Name – This is a required field. • Payer Responsibility Sequence Code – This is a required field. • Payer Primary ID Type – This is a required field. • Payer Primary ID – This is a required field. • Payer Address • Payer Address (con't) • Payer City • Payer State • Payer Zip Code • Claim Check or Remittance Date • Claim Adjustment Indicator • Claim Control Number


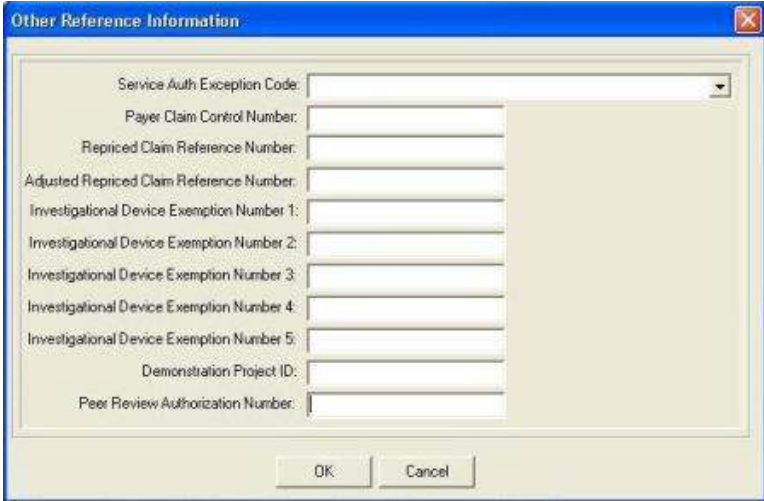
	
<p>36.</p>	<p>Secondary ID Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer Secondary ID Type (up to 2) • Payer Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
<p>37.</p>	<p>Prior Auth/Referral Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Other Payer Prior Authorization Qualifier – Auto populated. • Other Payer Prior Authorization Number • Other Referral Number Qualifier – Auto populated. • Other Referral Number

	
38.	<p>Billing Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type – Auto populated. • ID Qualifier (up to 2) • Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
39.	<p>Referring Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Entity Type – Auto populated. • Identification Type drop-down list (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The 'Referring Provider ID Information' window displays a form for entering provider details. It includes fields for 'Entity ID Code' (set to 'Referring Provider'), 'Entity Type' (set to 'Person'), and three sets of 'Identification Type' and 'Identification Number' fields. Navigation buttons at the bottom include 'Delete', 'Previous', 'Next', 'OK', and 'Cancel'. A small '1' is visible in the top right corner of the window.</p>
40.	<p>Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The 'Operating Physician' window contains four identical sections, each with an 'ID Qualifier' drop-down menu and a 'Secondary ID' text field. At the bottom, there are 'Delete Data', 'OK', and 'Cancel' buttons.</p>
41.	<p>Service Facility ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • ID Qualifier drop-down list (up to 3) • Secondary ID (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
42.	<p>Adjustment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code – This is a required field. • Reason Code (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6) 
43.	<p>Rendering Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Identification Type (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The screenshot shows a window titled "Rendering Provider ID Information". It contains a dropdown for "Entity Type" and three sets of fields for "Identification Type" (dropdown) and "Identification Number" (text input). At the bottom are buttons for "Delete Data", "OK", and "Cancel".</p>
44.	<p>Attending Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier drop-down list (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The screenshot shows a window titled "Attending Provider Secondary Info". It contains four sets of fields, each with an "ID Qualifier" dropdown and a "Secondary ID" text input. At the bottom are buttons for "Delete Data", "OK", and "Cancel".</p>
45.	<p>Other Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
46.	<p>Other Reference Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Service Auth Exception Code • Payer Claim Control Number • Repriced Claim Reference Number • Adjusted Repriced Claim Reference Number • Investigational Device Exemption Number (up to 5) • Demonstration Project ID • Peer Review Authorization Number 
47.	<p>Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Report Code (up to 10) • Transmission Code (up to 10) • Identification Code (up to 10)

Note: Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.

	Report Code	Transmission Code	Identification Code
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			

Delete Data

OK Cancel

48.

Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Contract Type Code – This is a required field.
- Contract Amount
- Contract Percent
- Contract Code
- Terms Discount Percent
- Contract Version Identifier

Contract Type Code:

Contract Amount:

Contract Percent:

Contract Code:

Terms Discount Percent:



Contract Version Identifier:

Delete Data


OK Cancel

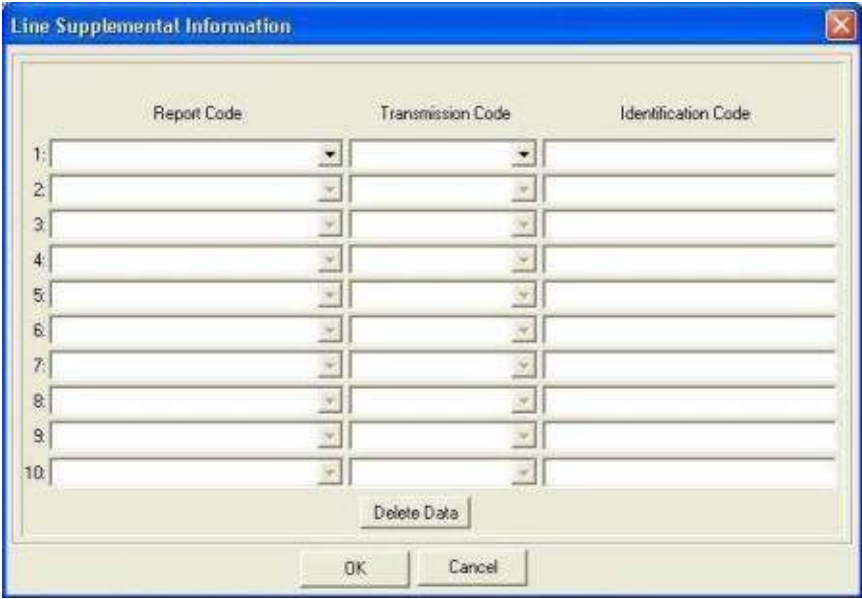
49.


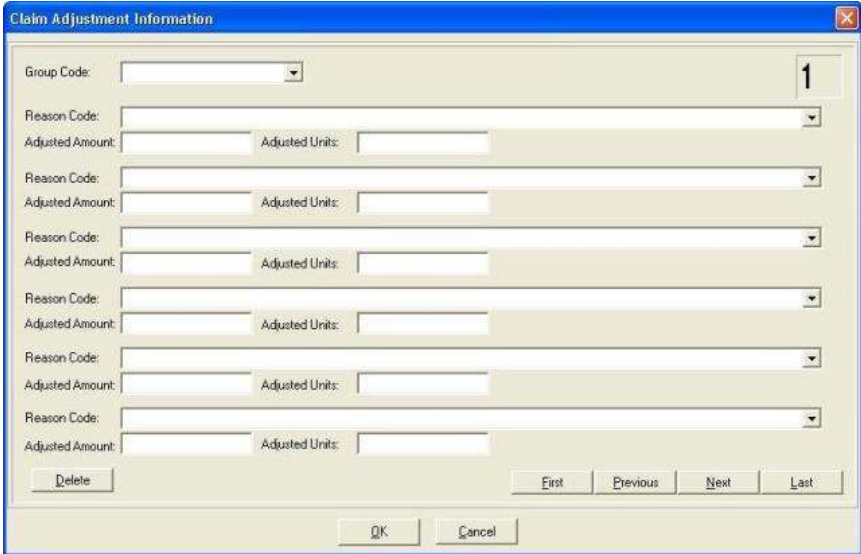
File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

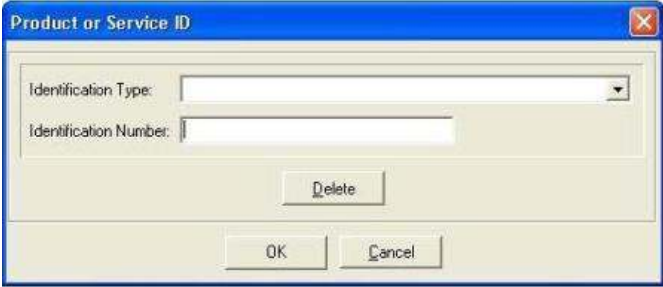
	<ul style="list-style-type: none">Fixed Format Information (up to 10) 
50.	<p>EPSDT Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none">Certification Condition IndicatorConditions (up to 3) <p>Note: If Certification Condition Indicator is set to “No”, then Condition 1 should be set to “NU: Not Used”.</p> 
51.	Click the Claim Line Items tab or Next Page button.

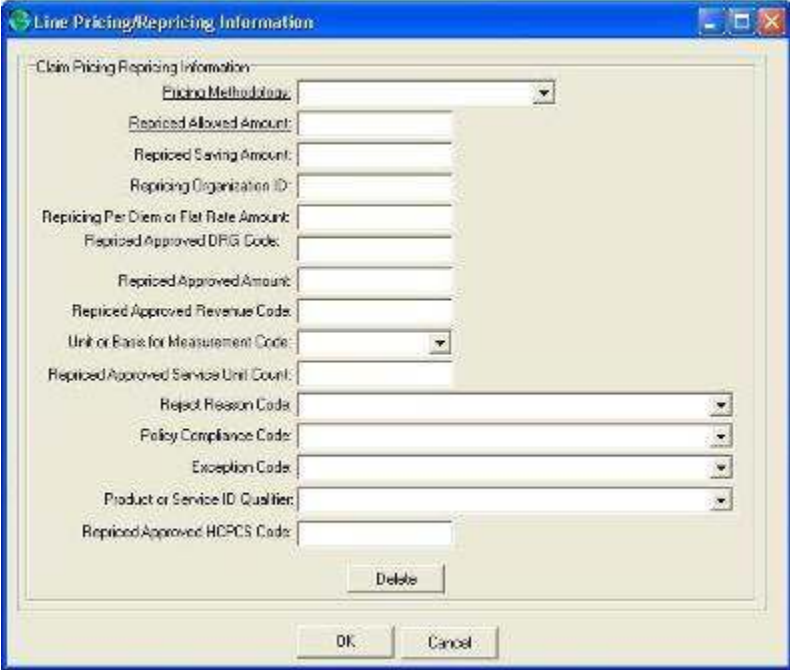
Step	Actions
52.	<p>In the Claim Line Items section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Service Line Revenue Code – This is a required field. • Product / Service ID Qualifier • Procedure Code • Procedure Modifiers (up to 4) • Description • Line Item Charge Amount – This is a required field. • Units or Basis for Measurement – This is a required field. • Service Units Count – This is a required field. • Non-Covered Charge Amount • Service Date(s) • Line Item Control # • Repriced Line Item Ref # • Adjusted Repriced Line Item Ref # • Service Tax Amount • Facility Tax Amount • Operating Physician ID • Other Operating Physician ID • Rendering Provider ID

Step	Actions
	<ul style="list-style-type: none"> Referring Provider ID <p>If you are done entering all of the information for this line item, click the Add line Item button to add the line item to the grid below. Then click Save. If another line item needs to be entered, continue filling in the appropriate information and clicking add line item until all line items have been entered for this claim and then click Save.</p> <p>Other line item choices:</p> <ul style="list-style-type: none"> Delete - Deletes the current line item Copy - Copies the current line item. This does not copy any line item situational information First - Scrolls you to the first line item Previous - Scrolls you to the previous line item Next - Adds a line item or scrolls you from one line to the next Last - Scrolls you to the last line item <p>NOTE: All the buttons on the Additional Line Item Information would become enabled after the required items have been inputted.</p>
53.	<p>Drug Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> National Drug Code National Drug Unit Count – This is a required field. Code Qualifier – This is a required field. <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> <ul style="list-style-type: none"> Reference Identification Qualifier Prescription Number <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 

Step	Actions
54.	<p>Line Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim. Under Supplemental Information, complete the following fields:</p> <ul style="list-style-type: none"> • Report Code (up to 10) • Transmission Code (up to 10) • Identification Code (up to 10) <p>Note: If one of the three above fields is filled up, the remaining fields are required to be filled up. Either fill them all, or leave them blank except when the Transmission Code is set to “Available on Request”, the Identification Code field must not be filled up.</p> 
55.	<p>Adjudication Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer ID – This is a required field. • Service Line Paid Amount – This is a required field. • Procedure Modifiers (up to 4) • Adjudication or Payment Date – This is a required field. • Proc Code Description • Paid Service Unit Count – This is a required field. • Service Line This Line Was Bundled Into • Revenue Code – This is a required field. • Remaining Patient Liability

Step	Actions
	 <p>The screenshot shows the 'Line Adjudication Information' window. It contains fields for: Payer ID (dropdown), Service Line Paid Amount, Adjudication or Payment Date (calendar icon), Proc Code Description, Paid Service Unit Count, Revenue Code, Procedure Modifiers (checkboxes), Service Adjustment, Product or Service ID, Service Line This Line Was Bundled Into, and Remaining Patient Liability. Navigation buttons include Delete, First, Previous, Next, Last, OK, and Cancel. A tab indicator shows '1'.</p>
56.	<p>Service Adjustment Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code • Reason Code drop-down list (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6)  <p>The screenshot shows the 'Claim Adjustment Information' window. It features a 'Group Code' dropdown and six rows, each containing a 'Reason Code' dropdown, an 'Adjusted Amount' text box, and an 'Adjusted Units' text box. Navigation buttons include Delete, First, Previous, Next, Last, OK, and Cancel. A tab indicator shows '1'.</p>
57.	<p>Product or Service ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type • Identification Number <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

Step	Actions
	
58.	<p>Line Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Pat Group • Repriced Approved Amount • Repriced Approved Revenue Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Product or Service ID Qualifier • Repriced Approved HCPCS Code

Step	Actions
	
59.	In the Claim Line Items tab, the Total Claim Charges field will be automatically calculated based on the line item charges. This is a required field.
60.	Click Save to save the claim.

6.3 Adding a Dental Claim

Data from a dental claim form is entered into WINASAP5010 through 3 tabs. When you select the ADD option for a dental claim, the system displays a Dental Claim Data window. Once you complete the Claim Data tab, you will continue to complete the Claim Information and Claim Line Items tabs.

The screenshot shows the 'Dental Claim Data' window with three tabs: 'Claim Data', 'Claim Information', and 'Claim Line Items'. The 'Claim Data' tab is active. It contains the following fields:

- Claim Data:** Bill Date (calendar icon), User Batch #, User Claim Number, Claim Status (Keyed), Claim or Encounter Identifier (Chargeable).
- Patient Information:** Patient ID (dropdown), Patient Account #, Date of Birth (calendar icon), Sex (dropdown), Last Name, First Name, Middle Name/Initial.
- Provider Information:** Billing Provider (dropdown), Pay-to Address (dropdown), Rendering Provider (dropdown), Signature on File (No/Yes radio buttons), Taxonomy Code (dropdown), Pay-to Plan (dropdown), Referring Provider (dropdown), Taxonomy Code (dropdown), Other Referring Provider (dropdown), Taxonomy Code (dropdown), Assistant Surgeon (dropdown), Taxonomy Code (dropdown), Supervising Provider (dropdown).
- Claim Data:** Place of Service (dropdown), Assignment or Plan Participation Code (checkbox), Claim Frequency Type Code (dropdown).
- Diagnosis Codes:** Principal Diagnosis (dropdown), 1: (dropdown), 2: (dropdown), 3: (dropdown).

Buttons at the bottom: Next Page, Save, Cancel.




STEPS	ACTIONS
1.	From the Winasap5010 Main Menu, select the Claims option.
2.	From the Claims Submenu, select the Dental option. This will open the Dental Claim List window.
3.	Click on the Add button. This will open the Dental Claim Data window. At the top left-hand portion of the window you will see three tabs: <ul style="list-style-type: none"> • Claim Data • Claim Information • Claim Line Items
4.	In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date.
5.	In the User Batch # field, you may enter your own batch number up to four digits in length.
6.	In the User Claim Number field, you may enter your own claim number up to


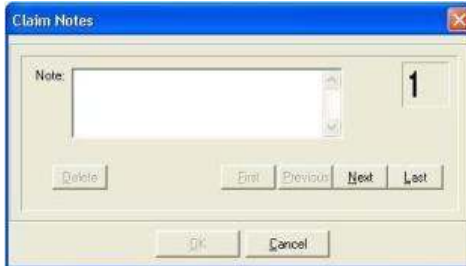
STEPS	ACTIONS
	nine digits in length.
7.	In the Claim or Encounter Identifier drop down, you could choose Chargeable, Reporting or Subrogation Demand claims.
8.	<p>In the Patient Claim Information section, select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the patient reference window. This is a required field.</p> <p>Note: If the patient has not been added to the Patient database, refer to the Maintaining Reference Data procedures. Follow the steps for Adding a New Patient to complete this step in adding a dental claim.</p>
9.	<p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none"> • Billing Provider ID – This is a required field. • Pay-To Address Provider ID • Rendering Provider ID – Can only be set when there is no Assistant Provider ID. • Pay-To Plan Provider ID – This is enabled only if the Claim or Encounter Identifier is set to “Subrogation Demand” <p>Note: For Pay-To Plan providers, only providers with Employer’s ID Number can be selected in the claims.</p> <ul style="list-style-type: none"> • Signature on File – This is a required field. • Referring Provider ID • Other Referring Provider ID – This will be enabled when Referring Provider ID has a value. • Assistant Surgeon ID – Can only be set when there is no Rendering Provider ID. • Supervising Provider ID
10.	<p>Under the Billing, Referring, Other Referring and Assistant Provider, there is a Taxonomy Code button. There is no required field in this window. The values displayed on the Reference list could be set in the ‘Reference’ menu -> Taxonomy Code</p> <p>Note: The corresponding button is only enabled when Billing, Referring, Other Referring and Assistant Provider has value.</p> <p>Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double clicking a value from the list displayed in the Reference List.</p>

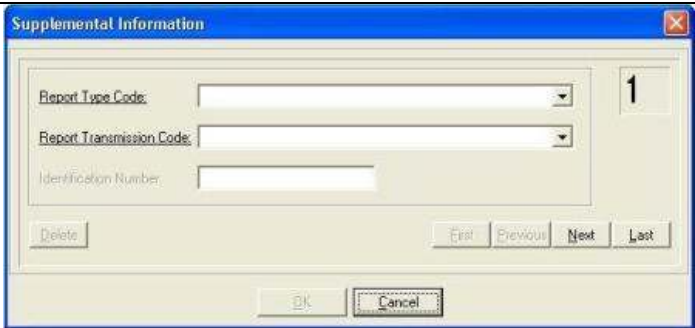

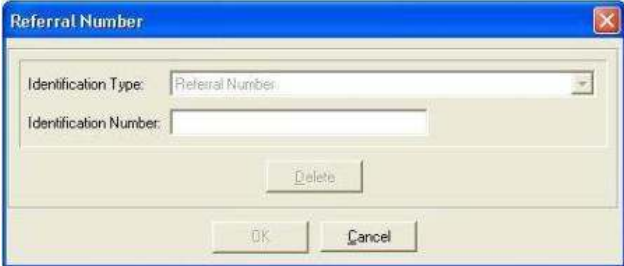
STEPS	ACTIONS
	<div data-bbox="592 254 1166 703" data-label="Image"> </div> <p>Under the Billing Provider and Pay To Plan, there is a Tax ID button. The fields in it are required. Preloaded values are obtained from the Provider Tax Identification Number (entered in Provider Data Form; see Adding a New Provider section of this document). Thru this window, its value can be changed by the user if needed.</p> <div data-bbox="557 961 1206 1239" data-label="Image"> </div>
11.	<p>In the Claim Data section, complete the following fields.</p> <ul style="list-style-type: none"> • Place of Service – This is a required field. • Assignment or Plan Participation Code • Claim Frequency Type Code – This is a required field. <p>In the Diagnosis Codes section, complete the following fields.</p> <ul style="list-style-type: none"> • Diagnosis Qualifier (up to 4) • Diagnosis Code (up to 4) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> <p>Click on Next Page or Claim Information Tab.</p>

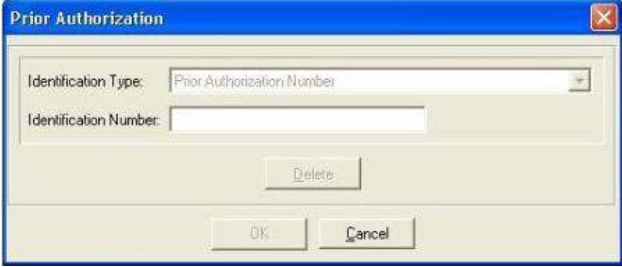
12.	<p>In the Claim Information section, complete the following fields</p> <ul style="list-style-type: none"> • Release of Information Code – This is a required field. • Special Program Indicator Code • Delay Reason Code • Claim Filing Indicator – This is a required field. • Accident Date • Repricer Received Date • Date of Service – Not used when Predetermination of Benefits Indicator is checked. • Patient Amount Paid • Service Authorization Exception Code • Predetermination of Benefits Indicator – If checked, Date of Service is not used. • Claim Original Reference # – This will be enabled and required when Claim Frequency Type Code (in Claim Data tab) has a value of “Replacement (Replace Prior Claim)”. • Benefit Assignment Certification Indicator – This is a required field.
13.	<p>In the Additional Claim Level Information section complete the following information:</p>

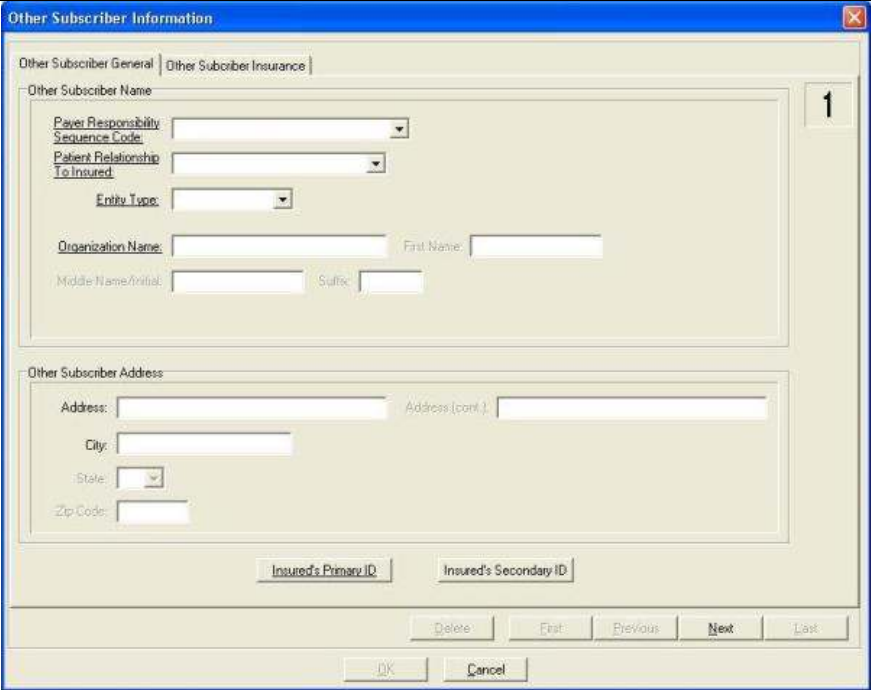
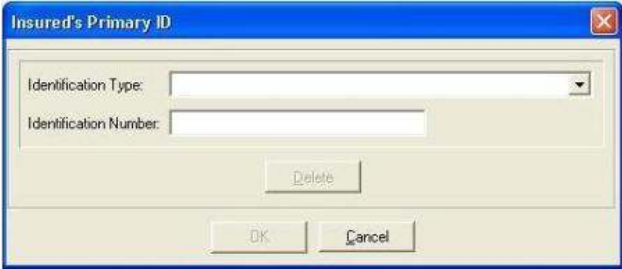
14.	<div data-bbox="600 191 1161 577" data-label="Form"> </div> <p>Related Causes Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Related Causes Codes 1 – This is a required field. • Related Causes Codes 2 – This will be enabled when Related Causes Code 1 has a value. • Auto Accident State or Province Code – Required when Related Cause Code 1 or 2 has a value of “Auto Accident”. • Accident Country Code
15.	<p>Service Facility Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Laboratory or Facility Name – This is a required field. • Facility Address – This is a required field. • Facility Address (cont.) – This will be enabled when Facility Address has a value. • Facility City – This is a required field. • Facility State – This is a required field. • Zip Code – This is a required field. <div data-bbox="552 1354 1214 1722" data-label="Form"> </div>
16.	<p>Laboratory or Facility Primary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type

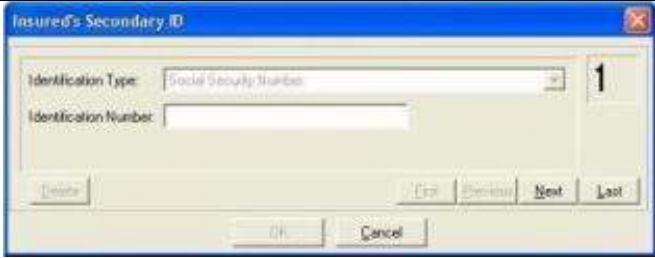
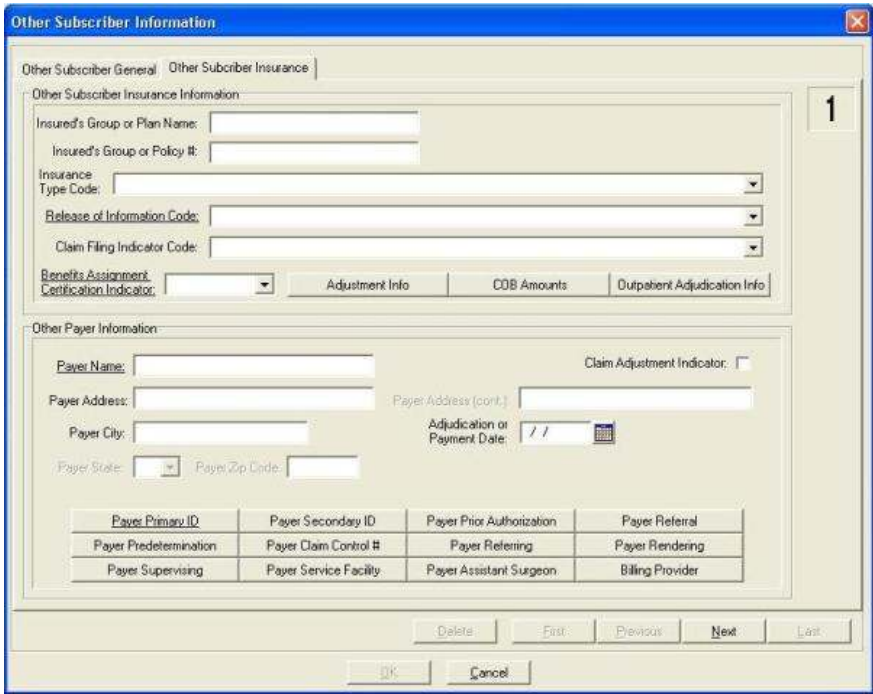
	<ul style="list-style-type: none"> • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
17.	<p>Laboratory or Facility Secondary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) • Identification Number (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
18.	<p>Predetermination of Benefits Identifier Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
19.	<p>Contract Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Contract Type Code – This is a required field. • Contract Amount

	<ul style="list-style-type: none"> • Contract Percent • Contract Code • Terms Discount Percent • Contract Version Identifier  <p>The 'Contract Information' dialog box contains the following fields: Contract Type Code (dropdown), Contract Amount, Contract Percent, Contract Code, Terms Discount Percent, and Contract Version Identifier. It also includes a 'Delete Data' button and 'OK'/'Cancel' buttons at the bottom.</p>
20.	<p>Claim Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note (up to 5)  <p>The 'Claim Notes' dialog box features a text area for notes, a counter showing '1', and navigation buttons: Delete, First, Previous, Next, Last. It also has 'OK' and 'Cancel' buttons at the bottom.</p>
21.	<p>Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Attachment Report Type Code (up to 10) • Attachment Transmission Code (up to 10) • Attachment Control Number (up to 10) <p>Note: If one of the three above fields is filled up, the remaining fields are required to be filled up. Either fill them all, or leave them blank except when the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.</p>

	 <p>The Supplemental Information dialog box contains three input fields: Report Type Code, Report Transmission Code, and Identification Number. It also features a Delete button, navigation buttons (First, Previous, Next, Last), and OK/Cancel buttons. A page indicator '1' is visible in the top right corner.</p>
22.	<p>Tooth Status Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Tooth Number Type (up to 35) • Tooth Status Code (up to 35) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>  <p>The Tooth Status Information dialog box contains two input fields: Tooth Number and Tooth Status Code. It also features a Delete button, navigation buttons (First, Previous, Next, Last), and OK/Cancel buttons. A page indicator '1' is visible in the top right corner.</p>
23.	<p>Referral Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>  <p>The Referral Number dialog box contains two input fields: Identification Type (pre-populated with 'Referral Number') and Identification Number. It also features a Delete button, OK, and Cancel buttons.</p>
24.	<p>Prior Authorization Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is</p>

	<p>required to be filled up. Either fill them both up, or leave them blank.</p> 
<p>25.</p>	<p>In the Other Subscriber Name and Address section:</p> <ul style="list-style-type: none"> • Payer Responsibility Sequence Code – This is a required field. • Patient Relationship to Insured – This is a required field. • Entity Type – This is a required field. • Organization Name – This is a required field if Non-Person selected in Entity Type field. • Last Name – This is a required field if Person selected in Entity Type field. • First Name – This is a required field if Person selected in Entity Type field. • Middle Name/Initial – This will be enabled if Person selected in Entity Type field. • Suffix – This will be enabled if Person selected in Entity Type field. • Address • Address (cont.) – This will be enabled if Address has a value. • City • State – This will be enabled if City has a value. • Zip Code – This will be enabled if City has a value.

	
26.	<p>Insured's Primary ID Window - This is a required window.</p> <ul style="list-style-type: none"> • Identification Type – This is a required field. • Identification Number – This is a required field. <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
27.	<p>Insured's Secondary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type drop-down list – Auto populated field • Identification Number (up to 2) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>

	
28.	<p>Click the Other Subscriber Insurance Page tab. In the Other Subscriber Insurance Information section, complete the following fields if necessary:</p> <ul style="list-style-type: none"> • Insured's Group or Plan Name – This field will be enabled and is required when Insured's Group or Policy # is not used. • Insured's Group or Policy # • Insured's Type Code • Release of Information Code – This is a required field. • Claim Filing Indicator Code • Benefits Assignment Certification Indicator – This is a required field. 
29.	<p>Adjustment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code – This is a required field. • Reason Code (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6) <p>Note: If one of the three above fields is filled up, the remaining fields</p>

are required to be filled up. Either fill them all, or leave them blank.

30.

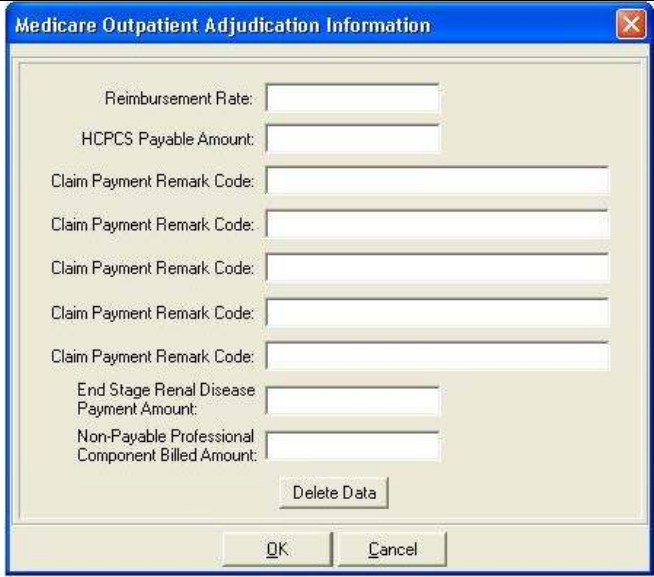

COB Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

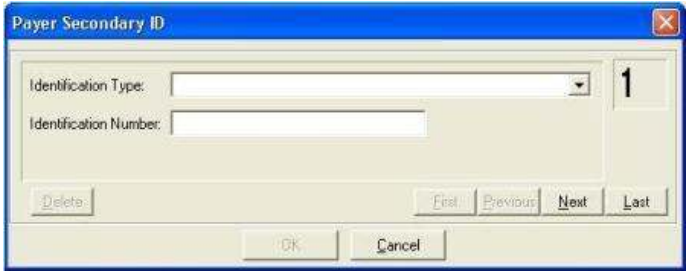


- Payer Paid Amount
- Remaining Patient Liability
- Total Non-Covered Amount



31.

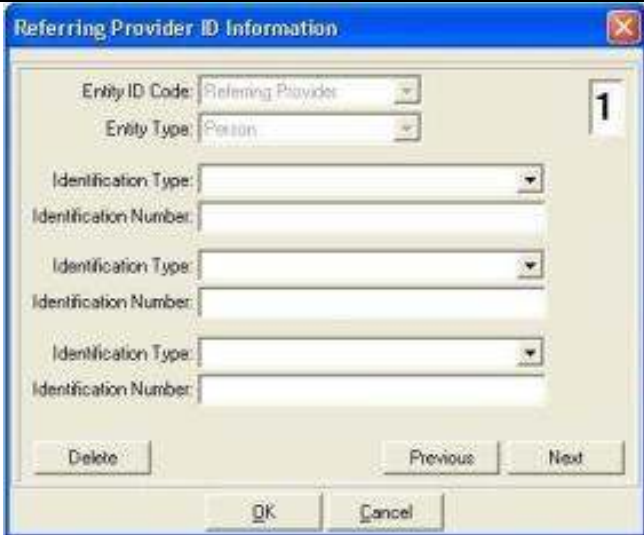

Medicare Outpatient Adjudication Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.




- Reimbursement Rate – This is a required field.
- HCPCS Payable Amount
- Claim Payment Remark Code (up to 5)
- End Stage Renal Disease Payment Amount
- Non-Payable Professional Component Billed Amount




	 <p>The dialog box titled "Medicare Outpatient Adjudication Information" contains the following fields: Reimbursement Rate, HCPCS Payable Amount, five Claim Payment Remark Code fields, End Stage Renal Disease Payment Amount, and Non-Payable Professional Component Billed Amount. It also includes a "Delete Data" button and "OK" and "Cancel" buttons at the bottom.</p>
32.	<p>In the Other Payer Information section, complete the following fields if necessary:</p> <ul style="list-style-type: none"> • Payer Name – This is a required field • Payer Address • Payer Address (cont.) – This will be enabled if payer Address has a value. • Payer City • Payer State – This will be enabled if payer City has a value. • Payer Zip Code – This will be enabled if payer City has a value. • Adjudication or Payment Date • Claim Adjustment Indicator
33.	<p>Payer Primary ID Window - This is a required window.</p> <ul style="list-style-type: none"> • Identification Type – This is a required field. • Identification Number – This is a required field.  <p>The dialog box titled "Payer Primary ID" contains two fields: Identification Type (a dropdown menu) and Identification Number (a text box). It includes an "Enter" button and "OK" and "Cancel" buttons at the bottom.</p>
34.	<p>Payer Secondary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) – This is a required field • Identification Number (up to 3) – This is a required field

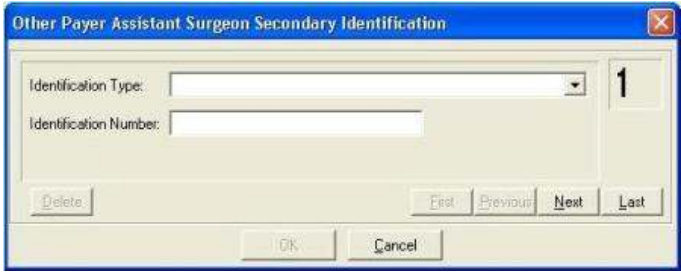

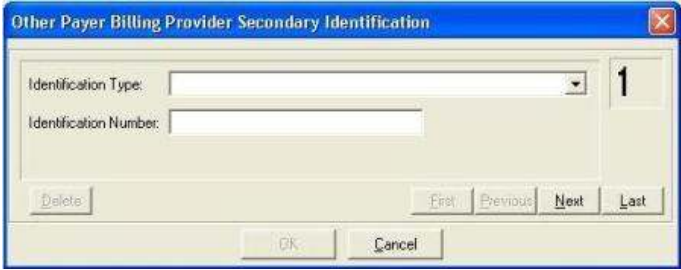
	<p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p> 
35.	<p>Other Payer Prior Authorization Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p> 
36.	<p>Other Payer Referral Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
37.	<p>Predetermination of Benefits Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>




	<p>required to be filled up. Either fill them both up, or leave them blank.</p> 
38.	<p>Other Payer Claim Control Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
39.	<p>Referring Provider Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Entity Type – Auto populated field. • Identification Number (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p>

	 <p>The 'Referring Provider ID Information' window contains the following fields: 'Entity ID Code' (dropdown menu with 'Referring Provider' selected), 'Entity Type' (dropdown menu with 'Person' selected), and three sets of 'Identification Type' (dropdown menu) and 'Identification Number' (text input) pairs. At the bottom are buttons for 'Delete', 'Previous', 'Next', 'OK', and 'Cancel'. A small box with the number '1' is in the top right corner.</p>
40.	<p>Other Payer Rendering Provider Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity ID Code – Auto populated field. • Entity Type <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>  <p>The 'Other Payer Rendering Provider' window contains the following fields: 'Entity ID Code' (dropdown menu with 'Rendering Provider' selected), 'Entity Type' (dropdown menu), and a 'Provider Identification Numbers' text input field. At the bottom are buttons for 'Delete', 'OK', and 'Cancel'.</p>
41.	<p>Other Payer Rendering Provider Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) – This is a required field • Identification Number (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p>

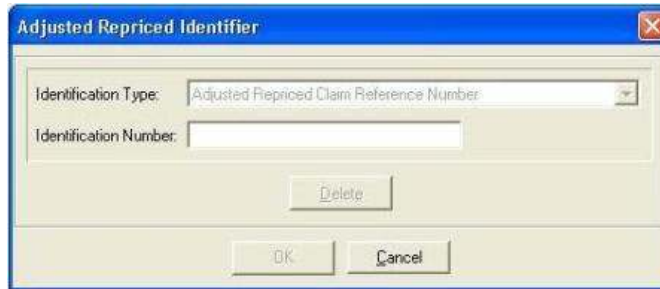
	
42.	<p>Other Payer Supervising Provider Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity ID Code – This field is already set. • Entity Type <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
43.	<p>Other Payer Supervising Provider Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) – This is a required field • Identification Number (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p> 
44.	<p>Service Facility Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Laboratory or Facility Name - This is a required field.

	
45.	<p>Laboratory or Facility Secondary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) • Identification Number (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p> 
46.	<p>Other Payer Assistant Provider Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity ID Code – Auto populated field. • Entity Type <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
47.	<p>Other Payer Assistant Provider Secondary Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 3) • Identification Number (up to 3)

	<p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank</p> 
48.	<p>Other Payer Billing Provider Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity ID Code – Auto populated field. • Entity Type – This is a required field. 
49.	<p>Other Payer Billing Provider Secondary Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type (up to 2) • Identification Number (up to 2) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank.</p> 
50.	<p>Orthodontic Services Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p>

	<ul style="list-style-type: none"> • Orthodontic Treatment Indicator • Orthodontic Total Months Indicator • Orthodontic Total Months Remaining • Orthodontic Banding Date – This is a required field 
51.	<p>File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Fixed Format Information (up to 10) 
52.	<p>Repriced Claim Identifier Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
53.	<p>Adjusted Repriced Claim Identifier Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – This is already set. • Identification Number <p>Note: If one of the two above fields is filled up, the other field is</p>

required to be filled up. Either fill them both up, or leave them blank.

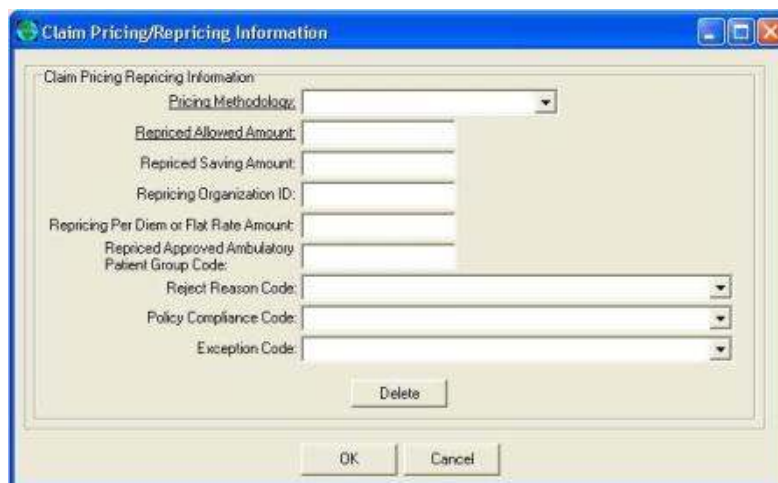


The dialog box titled "Adjusted Repriced Identifier" contains two input fields: "Identification Type" with a dropdown menu showing "Adjusted Repriced Claim Reference Number", and "Identification Number" with a text box. Below these fields is a "Delete" button. At the bottom of the dialog are "OK" and "Cancel" buttons.

54.

Claim Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Pricing Methodology – This field is required.
- Repriced Allowed Amount – This field is required.
- Repriced Saving Amount
- Repricing Organization ID
- Repricing Per Diem or Flat Rate Amount
- Repriced Approved Ambulatory Patient Group Code
- Reject Reason Code
- Policy Compliance Code
- Exception Code



The dialog box titled "Claim Pricing/Repricing Information" contains several input fields: "Pricing Methodology" (dropdown), "Repriced Allowed Amount" (text box), "Repriced Saving Amount" (text box), "Repricing Organization ID" (text box), "Repricing Per Diem or Flat Rate Amount" (text box), "Repriced Approved Ambulatory Patient Group Code" (text box), "Reject Reason Code" (dropdown), "Policy Compliance Code" (dropdown), and "Exception Code" (dropdown). Below these fields is a "Delete" button. At the bottom of the dialog are "OK" and "Cancel" buttons.

Click on the Claim Line Items tab or the Next Page button.

Dental Claim Data

Claim Data | Claim Information | Claim Line Items

Claim Line Items:

Date of Service: Proc Code: Procedure Modifiers: Units: Charges: Place of Service: 1

Sales Tax Amount: Rendering Provider: Taxonomy Code: Assistant Surgeon: Taxonomy Code: Supervising Provider:

Additional Line Item Information:

Diagnosis Code Pointer:

#	Date of Service	Proc Code	Modifiers	Units of Service	Charges			
			1	2	3	4		
1								
2								
3								
4								
5								

Total Claim Charges:

55.

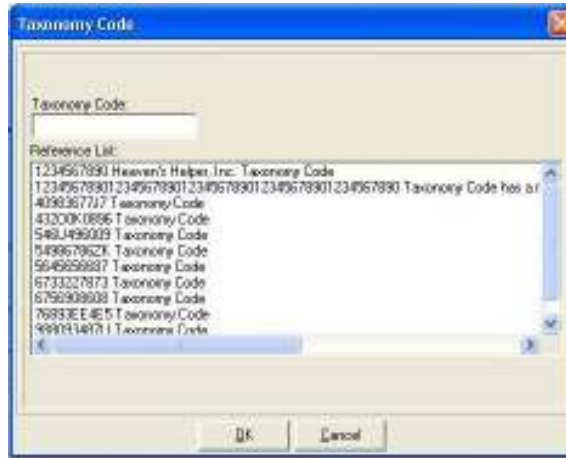
In the Claim Line Items Section, complete the following fields:

- Date of Service – Not used when Predetermination of Benefits Indicator is checked (Claim Information Tab).
- Proc Code – This is a required field.
- Procedure Modifiers (up to 4)
- Units – This is a required field.
- Charge – This is a required field.
- Place of Service
- Sales Tax Amount
- Rendering Provider ID
- Assistant Surgeon ID – This can't be entered when Supervising Provider ID has a value.
- Supervising Provider ID – This can't be entered when Assistant Provider ID has a value.
- Diagnostic Code Pointer

Beside the Rendering Provider and Assistant Surgeon, there is a Taxonomy Code button. There is no required field in this window. The values displayed on the Reference list could be set in the 'Reference' menu -> Taxonomy Code
Note: The corresponding button is only enabled when Rendering Provider and Assistant Surgeon has value.

Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double

clicking a value from the list displayed in the Reference List.



If you are done entering all the information for this line item, click the Add Line Item button to add the line item to the grid below. Then click Save. If another line item needs to be entered, continue filling in the appropriate information and clicking add line item until all line items have been entered for this claim and then click Save.

Other line item choices:



- Delete - Deletes the current line item
- Copy - Copies the current line item. This does not copy any line item situational information
- First - Scrolls you to the first line item
- Previous - Scrolls you to the previous line item
- Next - Adds a line item or scrolls you from one line to the next
- Last - Scrolls you to the last line item

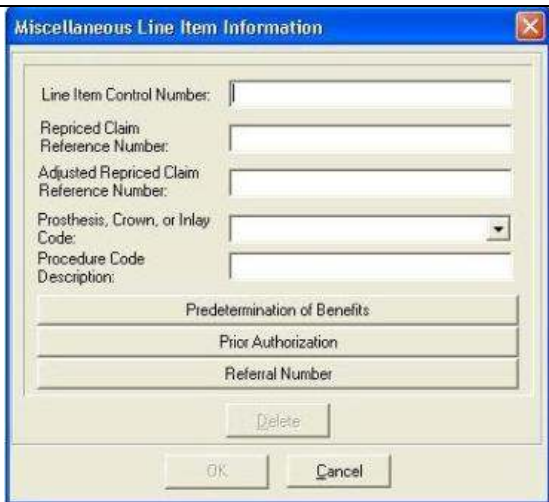


56.


Under the Additional Line Item Information Section, complete the following fields under each button. All of the buttons in this section are situational. If the situation applies to the claim, enter the appropriate information:


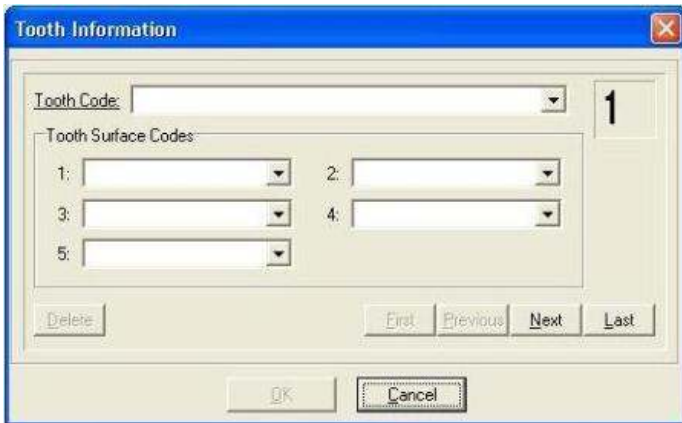
Oral Cavity Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.




- Oral Cavity Code 5 (up to 5)

	
57.	<p>Miscellaneous Dates Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Prosthetic Prior Placement Date • Orthodontic Appliance Placement Date • Orthodontic Replacement Date • Treatment Start Date • Treatment Completion Date 
58.	<p>Miscellaneous Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Line Item Control Number • Repriced Claim Reference Number • Adjusted Repriced Claim Reference Number • Prosthesis, Crown or Inlay Code • Procedure Code Description

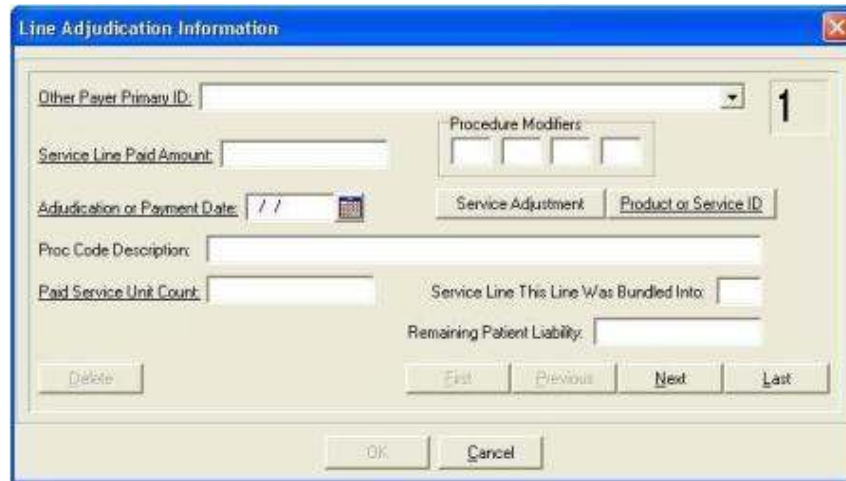
	
59.	<p>Predetermination of Benefits Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number (up to 5) • Primary Identifier (up to 5) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank.</p> 
60.	<p>Prior Authorization Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number (up to 5) • Primary Identifier (up to 5) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 

61.	<p>Referral Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type – Auto populated field. • Identification Number (up to 5) • Primary Identifier (up to 5) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
62.	<p>Claim Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Product or Service ID Qualifier • Repriced Approved HCPCS Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Exception Code
63.	<p>Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Contract Type Code – This is a required field. • Contract Amount • Contract Percent • Contract Code • Terms Discount Percent • Contract Version Identifier

	 <p>The 'Contract Information' dialog box contains the following fields: Contract Type Code (dropdown), Contract Amount (text), Contract Percent (text), Contract Code (text), Terms Discount Percent (text), and Contract Version Identifier (text). It also features a 'Delete Data' button and 'OK'/'Cancel' buttons at the bottom.</p>
64.	<p>Tooth Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Tooth Code – This is a required field. • Tooth Surface Codes (up to 5)  <p>The 'Tooth Information' dialog box includes a 'Tooth Code' dropdown, a 'Tooth Surface Codes' section with five numbered dropdowns (1-5), and a 'Delete' button. Navigation buttons 'First', 'Previous', 'Next', and 'Last' are present, along with 'OK' and 'Cancel' buttons at the bottom.</p>
65.	<p>Service Facility Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Laboratory or Facility Name – This is a required field. • Facility Address – This is a required field. • Facility Address (cont.) – This will be enabled when Facility Address has a value. • Facility City – This is a required field. • Facility State – This is a required field. • Zip Code – This is a required field.

	
66.	<p>Laboratory or Facility Primary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank.</p> 
67.	<p>Laboratory or Facility Secondary ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type • Identification Number <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both, or leave them blank.</p> <ul style="list-style-type: none"> • Primary Identifier 
68.	<p>Line Adjudication Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Other Payer Primary ID – This is a required field. • Service Line Paid Amount – This is a required field. • Procedure Modifiers (up to 4)

- Adjudication or Payment Date – This is a required field.
- Proc Code Description
- Paid Service Unit Count – This is a required field.
- Service Line This Line Was Bundled Into
- Remaining Patient Liability



The 'Line Adjudication Information' window contains the following fields and controls:

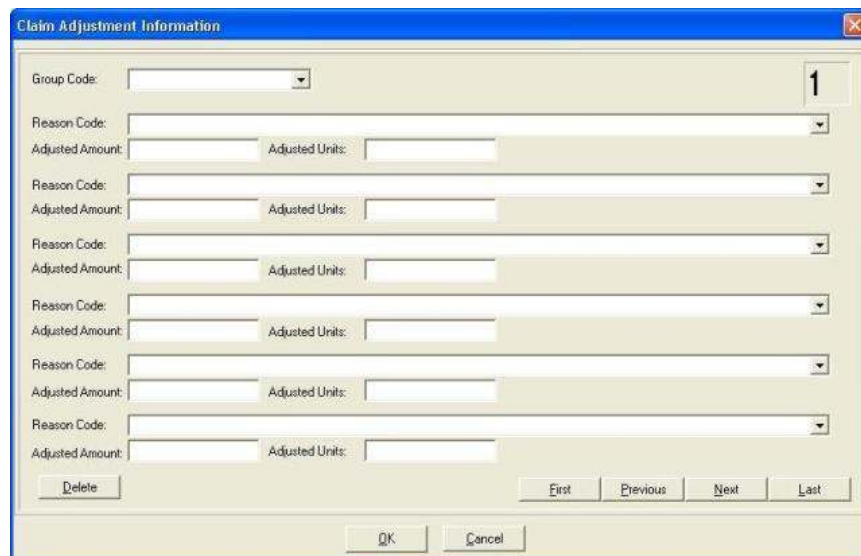
- Other Payer Primary ID: [Text Field]
- Service Line Paid Amount: [Text Field]
- Adjudication or Payment Date: [Date Picker]
- Proc Code Description: [Text Field]
- Paid Service Unit Count: [Text Field]
- Procedure Modifiers: [Four Small Text Fields]
- Service Adjustment: [Text Field]
- Product or Service ID: [Text Field]
- Service Line This Line Was Bundled Into: [Text Field]
- Remaining Patient Liability: [Text Field]
- Buttons: Delete, First, Previous, Next, Last, OK, Cancel

69.

Service Adjustment Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

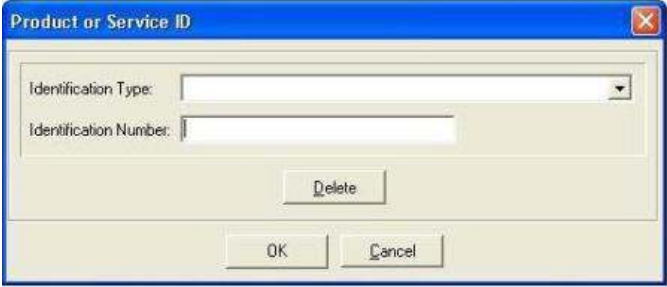
- Group Code – This is a required field.
- Reason Code (up to 6)
- Adjustment Amount (up to 6)
- Adjustment Units (up to 6)

Note: If one of the three above fields is filled up, the other fields are required to be filled up. Either fill them all up, or leave them blank.



The 'Claim Adjustment Information' window contains the following fields and controls:

- Group Code: [Dropdown]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Reason Code: [Dropdown]
- Adjusted Amount: [Text Field] Adjusted Units: [Text Field]
- Buttons: Delete, First, Previous, Next, Last, OK, Cancel

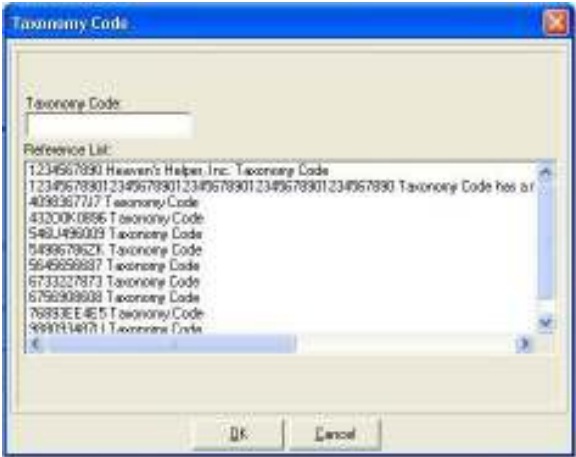

70.	<p>Product or Service ID Window - This is a required window.</p> <ul style="list-style-type: none">• Identification Type – This is a required field.• Identification Number – This is a required field. <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p> 
71.	<p>In the Claim Line Items tab, the Total Claim Charges field will be automatically calculated based on the line item charges. This is a required field.</p>
72.	<p>Click Save to save the claim.</p>

7 Adding a Nursing Facility Template

Data from a Nursing Facility Template form is entered into WINASAP5010 through 3 tabs. When you select the ADD option for a Nursing Facility Template, the template system displays a Nursing Facility Template Data window. Once you complete the Template Data tab, you will continue to complete the Template Codes and Template Line Items tabs.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	From the Claims Submenu, select the Nursing Facility option. This will open the Nursing Facility Templates List Window.
3.	Click on the Add button. This will open the Nursing Facility Template Data window. At the top left-hand portion of the window you will see three tabs: <ul style="list-style-type: none"> • Template Data • Template Codes • Template Line Items

STEPS	ACTIONS
4.	In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date. This is a required field.
5.	In the User Batch # field, you may enter your own batch number up to four digits in length.
6.	In the User Claim Number field, you may enter your own claim number up to nine digits in length.
7.	<p>In the Claim Status drop-down list, select the appropriate status. By default, it is selected as "Template".</p> <p>Note:"T-Hold" statuses are not built to a nursing claim when using the Build Nursing Facility Claims function.</p>
8.	<p>In the Patient Information section select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the patient reference window. This is a required field.</p> <p>Note: If the patient has not been added to the Patient database, refer to the Maintaining Reference Data procedures. Follow the steps for Adding a New Patient to complete this step in adding a nursing template.</p>
9.	<p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none"> • Billing Provider ID – This is a required field. • Pay-To Address ID • Service Facility Location • Attending Provider ID • Operating Physician ID • Other Operating Physician ID – This is enabled when Operating Physician ID field has a value. • Rendering Provider ID • Referring Provider ID • Pay To Plan ID –This is enabled only if the Transaction Type is set to "Subrogation Demand" <p>Note: For Pay-To Plan providers, only providers with Employer's ID Number can be selected in the claims.</p>

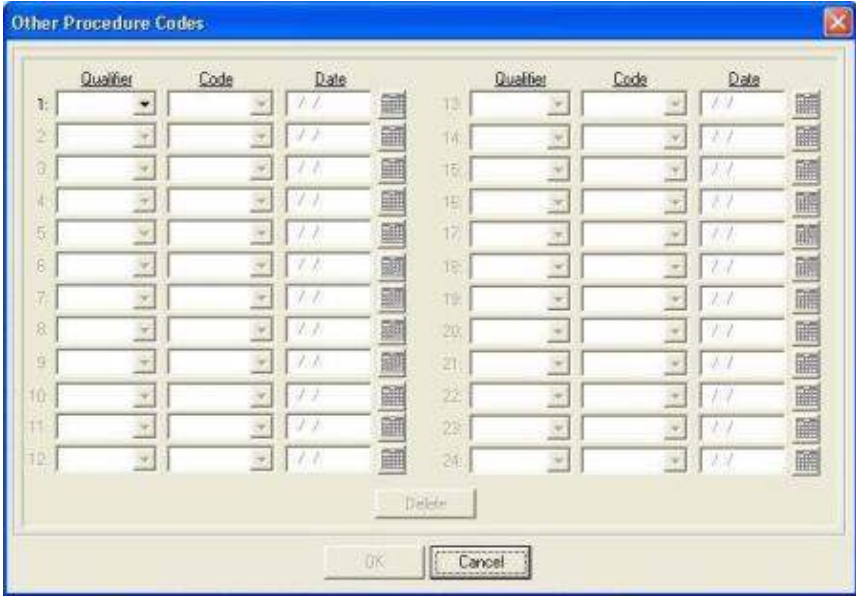
STEPS	ACTIONS
10.	<p>Taxonomy Code Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Taxonomy Code <p>Note: The corresponding button is only enabled when Billing Provider or Attending Provider has value.</p> <p>Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double clicking a value from the list displayed in the Reference List.</p>  <p>Under the Billing Provider and Pay To Plan, there is a Tax ID button. The fields in it are required. Preloaded values are obtained from the Provider Tax Identification Number (entered in Provider Data Form; see Adding a New Provider section of this document). Thru this window, its value can be changed by the user if needed.</p> 
11.	<p>In the Claim Data section, complete the following fields:</p> <p>Admission</p> <ul style="list-style-type: none"> • Date – This is a required field. • Hr

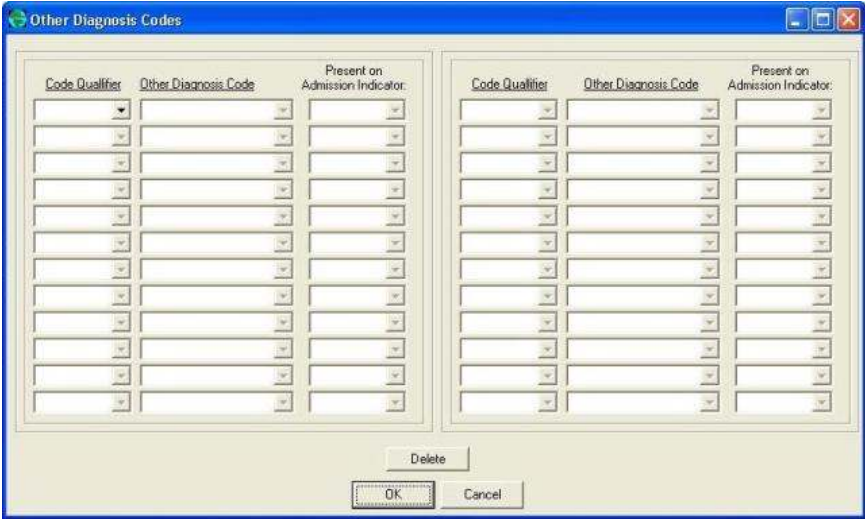
STEPS	ACTIONS
	<ul style="list-style-type: none"> • Min • Type – This is a required field. • SRC <p>Discharge</p> <ul style="list-style-type: none"> • Stat – This is a required field. • Hr • Min <p>Statement Coverage Period</p> <ul style="list-style-type: none"> • From/Through fields – From field is auto-populated with Admission Date field. • Referral # • Prior Authorization # • Type of Bill – This is a required field. • Auto Accident State • Medical Record • Repricer Received Data
12.	Click the Template Codes tab or Next Page button.



The screenshot shows the 'Nursing Facility Template Data' window with the 'Template Codes' tab selected. The window contains several sections for entering codes and information:

- Procedure Codes:** Includes fields for Principal Procedure Code Qualifier, Principal Procedure Code, Principal Procedure Date, and Other Procedure Codes.
- Diagnosis Codes:** Includes fields for Principal Diagnosis Code Qualifier, Principal Diagnosis Code, Present on Admission Indicator, Admitting Diagnosis Code Qualifier, and Admitting Diagnosis Code.
- Additional Claim Codes:** Includes dropdown menus for Assignment or Plan Participation Code, Release of Information Code, Delay Reason Code, and Claim Filing Indicator Code.
- Assignment of Benefits Indicator:** A dropdown menu.
- DRG Code:** A text field.
- Other Codes:** Includes buttons for Patient Reason for Visit Codes, External Cause of Injury Codes, Occurrence Span Codes, Occurrence Codes, Value Codes, Condition Codes, Treatment Codes, and Claim Pricing / Repricing Info.
- Additional Claim Information:** Includes a text field for Patient Responsibility Amount and buttons for Claim Notes, Billing Notes, Other Subscriber Info, Other Reference Info, Supplemental Info, Contract Info, File Info, and EPSDT Info.

At the bottom of the window are buttons for 'Next Page', 'Previous Page', 'Save', and 'Cancel'.

13.	<p>In the Procedure Codes section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Principal Procedure Qualifier • Principal Procedure Code • Principal Procedure Date <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p>
14.	<p>Other Procedure Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Qualifier (up to 24) • Code (up to 24) • Date (up to 24) <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p> 
15.	<p>In the Diagnosis Code section, complete the following fields:</p> <ul style="list-style-type: none"> • Principal Diagnosis Code Qualifier – This is a required field. • Principal Diagnosis Code – This is a required field. • Present on Admission Indicator • Admitting Diagnosis Code Qualifier • Admitting Diagnosis Code <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>

16.	<p>Other Diagnosis Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code Qualifier (up to 24) • Other Diagnosis Code (up to 24) • Present on Admission Indicator (up to 24) <p>Note: If Code Qualifier or Other Diagnosis Code is filled up, the other is required.</p> 
17.	<p>In the Additional Claim Codes section, complete the following fields:</p> <ul style="list-style-type: none"> • Assignment or Plan participation Code – This is a required field. • Release of Information Code – This is a required field. • Delay Reason Code • Claim Filing Indicator Code – This is a required field. • Assignment of Benefits Indicator – This is a required field. • DRG Code
18.	<p>Patient Reason for Visit Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Patient Reason for Visit Code Qualifier (up to 3) • Patient Reason for Visit (up to 3) <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>

	
19.	<p>External Cause of Injury Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code Qualifier (up to 12) • External Cause of Injury Code (up to 12) • Present on Admission Indicator (up to 12) <p>Note: If Code Qualifier or External Cause of Injury Code is filled up, the other is required.</p> 
20.	<p>Occurrence Span Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Code (up to 24) • From (up to 24) • Through (up to 24) <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p>

Occurrence Span Codes

	Code	From	Through		Code	From	Through
1:		//		13:		//	
2:		//		14:		//	
3:		//		15:		//	
4:		//		16:		//	
5:		//		17:		//	
6:		//		18:		//	
7:		//		19:		//	
8:		//		20:		//	
9:		//		21:		//	
10:		//		22:		//	
11:		//		23:		//	
12:		//		24:		//	

Delete

OK Cancel

21. Occurrence Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Date (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

Occurrence Codes

	Code	Date		Code	Date
1:		//	13:		//
2:		//	14:		//
3:		//	15:		//
4:		//	16:		//
5:		//	17:		//
6:		//	18:		//
7:		//	19:		//
8:		//	20:		//
9:		//	21:		//
10:		//	22:		//
11:		//	23:		//
12:		//	24:		//

Delete

OK Cancel

22. Value Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Amount (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

23.

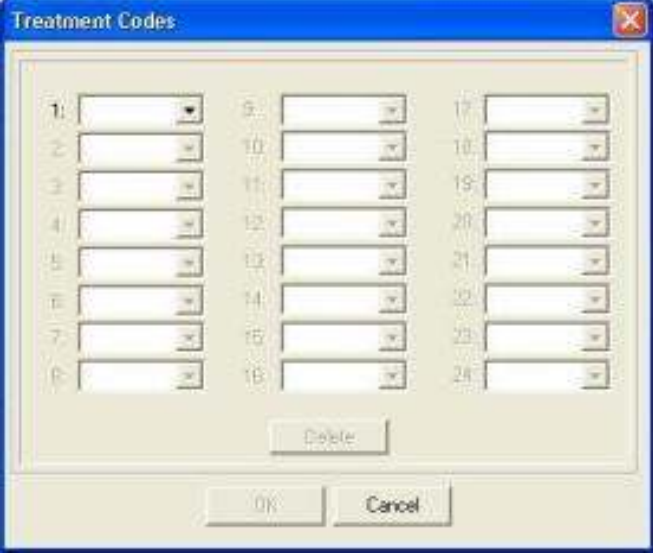
Condition Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

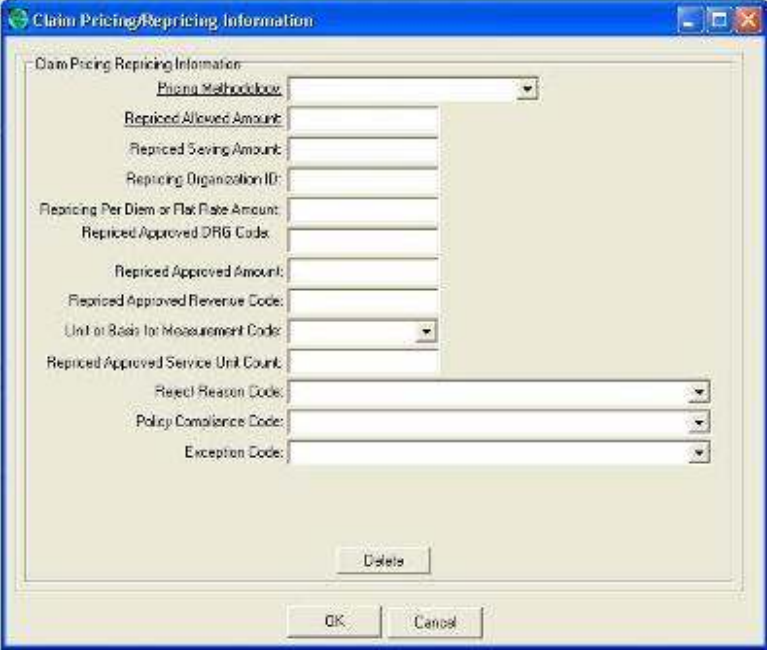
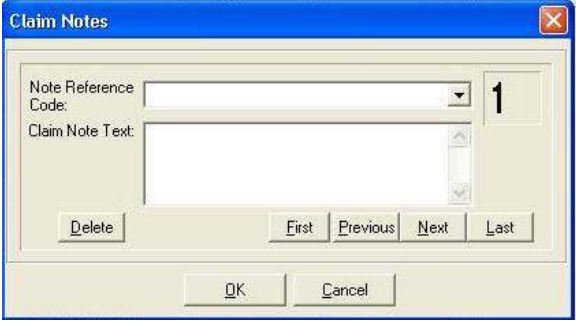
- Code (up to 24)


24.

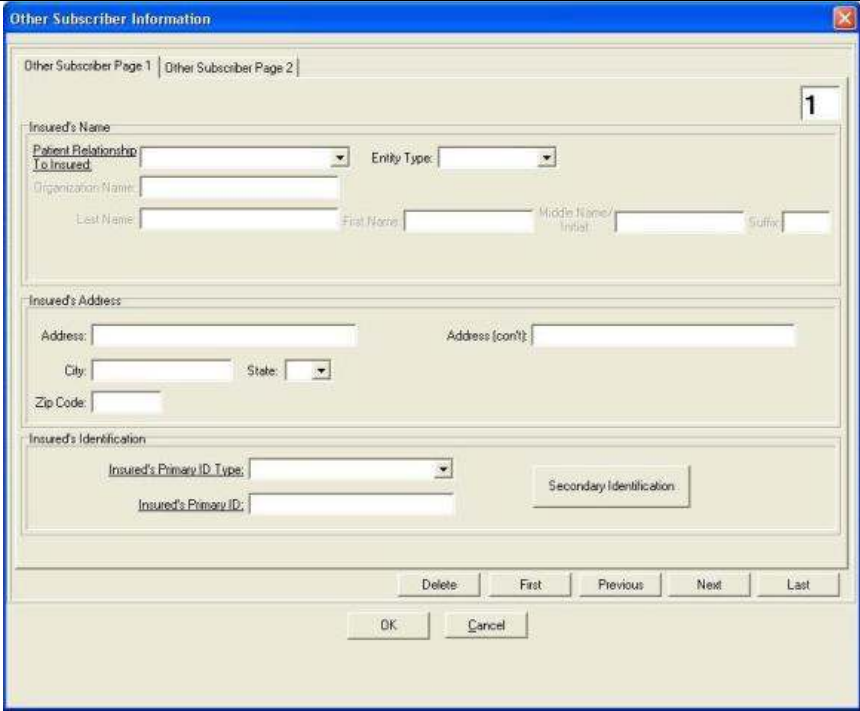
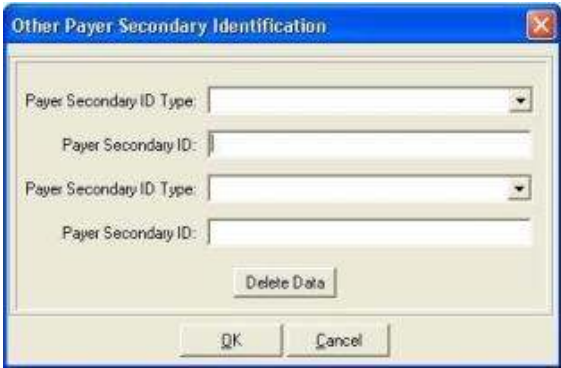
Treatment Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)

	
25.	<p>Claim Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Pat Group • Repriced Approved Amount • Repriced Approved Revenue Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Exception Code

	
26.	<p>In the Additional Claim Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Responsibility Amount
27.	<p>Claim Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Reference Code (up to 10). • Notes (up to 10) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
28.	<p>Billing Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Text

	
29.	<p>On Other Subscriber Page 1 tab, under the Insured's Name section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Relationship to Insured – This is a required field. • Entity Type – This is a required field. • Organization Name – This field is required if Non-Person in Entity Type field is selected. • Last Name – This field is required if Person in Entity Type field is selected. • First Name – This field is required if Person in Entity Type field is selected. • Middle Name/Initial – This field is enabled if Person in Entity Type field is selected. • Suffix – This field is enabled if Person in Entity Type field is selected. <p>Under the Insured's Address section, complete the following fields.</p> <ul style="list-style-type: none"> • Address – This is a required field. • Address (con't) • City • State • Zip Code <p>Under Insured's Identification section, complete the following fields.</p> <ul style="list-style-type: none"> • Insured's Primary ID Type – This is a required field. • Insured's Primary ID – This is a required field.

	 <p>When finished, click on the Other Subscriber Page 2 tab.</p>
<p>30.</p>	<p>Secondary Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Insured's Secondary ID Type (up to 2) • Insured's Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
<p>31.</p>	<p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Group or Policy # • Group or Plan Name • Claim Filing Indicator

- Release of Information Code – This is a required field.
- Assignment of Benefits Indicator

32. COB Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- COB Payer Paid Amount
- Remaining Patient Liability
- COB Total Non-Covered Charges

33. Outpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Outpatient Reimbursement Rate
- HCPCS Payable Amount
- Remarks Code (up to 5)
- End Stage Renal Disease Payment Amount

- Non-Payable Professional Component Billed Amount

Medicare Outpatient Adjudication Information

Reimbursement Rate:

HCPCS Payable Amount:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

End Stage Renal Disease Payment Amount:

Non-Payable Professional Component Billed Amount:

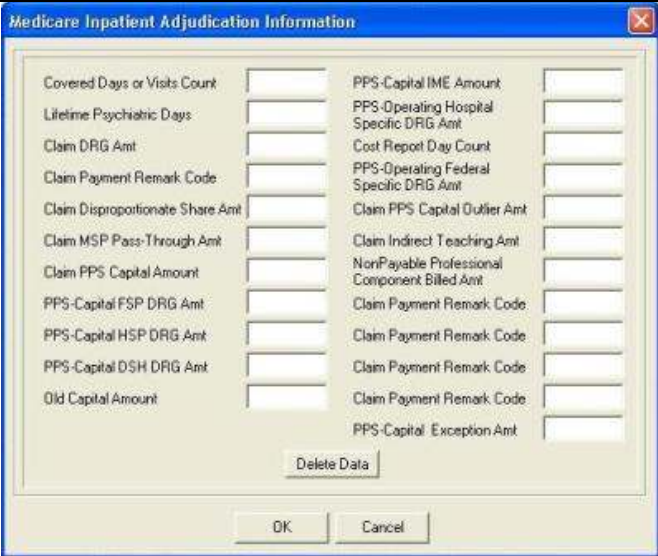
Delete Data

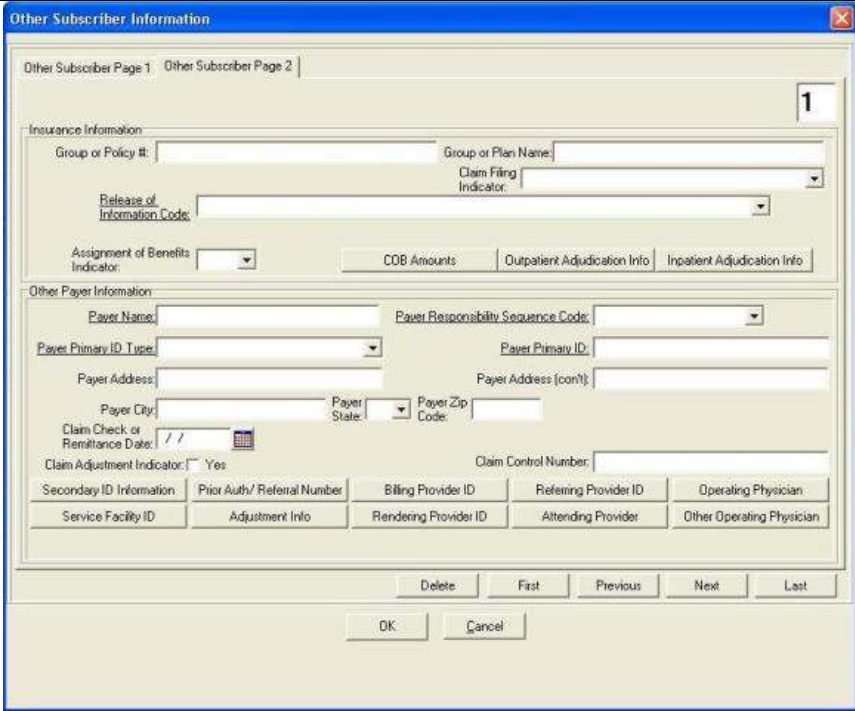
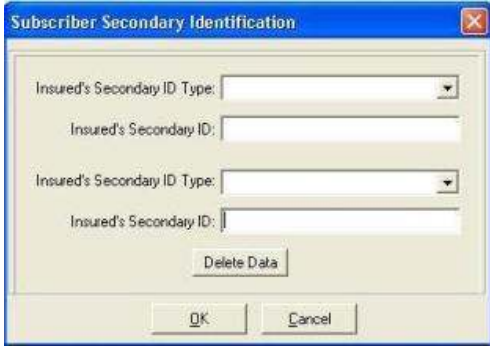
OK Cancel



34.



Inpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.


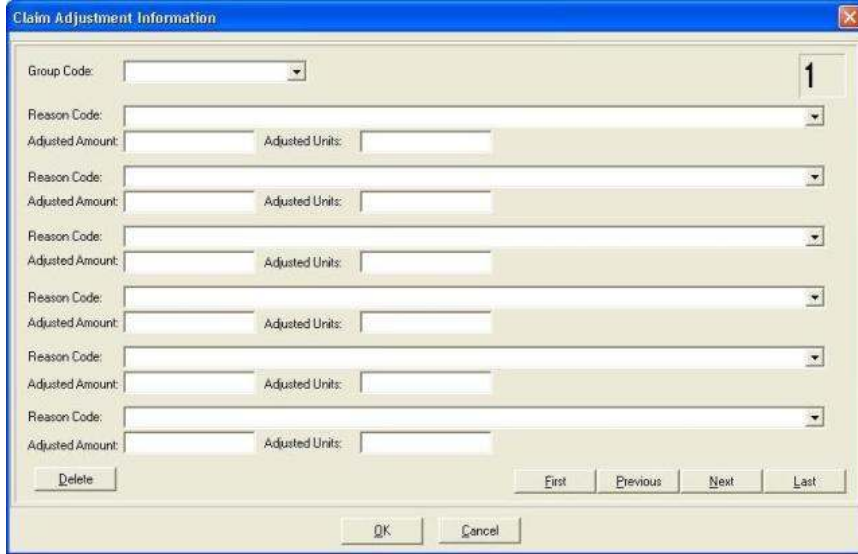
- Covered Days
- Lifetime Psychiatric Days
- Remaining Patient Liability Amt
- Claim Payment Remark Code
- Claim Disproportionate Share Amount
- Claim MSP Pass-Through Amount
- Claim PPS Capital Amount
- PPS-Capital FSP DRG Amount
- PPS-Capital HSP DRG Amount
- PPS-Capital DSH DRG Amount
- Old Capital Amount
- PPS-Capital IME Amount
- PPS-Operating DRG Amount
- Cost Report Day Count
- PPS-Operating Federal DRG
- Claim PPS Capital Outliner Amt
- Claim Indirect Teaching Amt
- NonPayable Professional Component Billed Amount
- Claim Payment Remark Code (up to 4)
- PPS-Capital Exception Amt

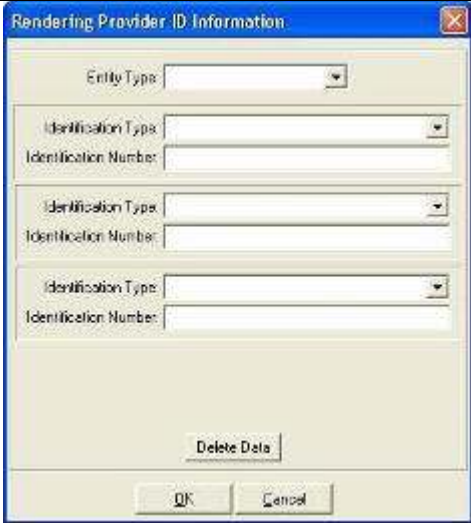

	
35.	<p>In the Other Payer Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Payer Name – This is a required field. • Payer Responsibility Sequence Code – This is a required field. • Payer Primary ID Type – This is a required field. • Payer Primary ID – This is a required field. • Payer Address • Payer Address (con't) • Payer City • Payer State • Payer Zip Code • Claim Check or Remittance Date • Claim Adjustment Indicator • Claim Control Number


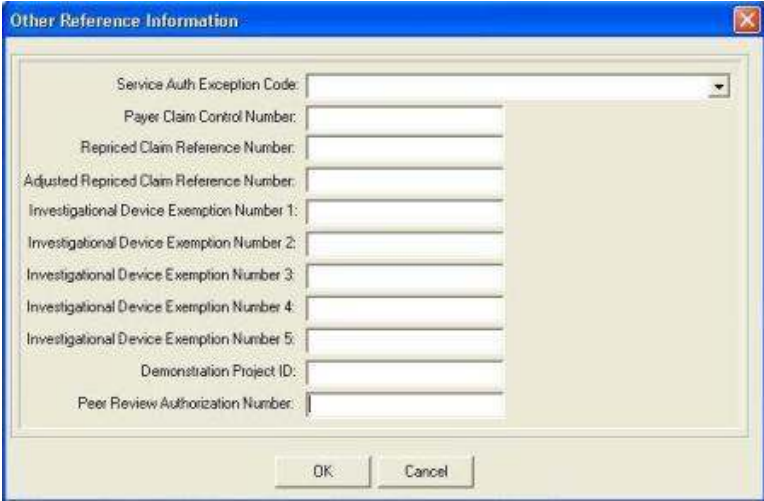
	
<p>36.</p>	<p>Secondary ID Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer Secondary ID Type (up to 2) • Payer Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
<p>37.</p>	<p>Prior Auth/Referral Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Other Payer Prior Authorization Qualifier – Auto populated. • Other Payer Prior Authorization Number • Other Referral Number Qualifier – Auto populated. • Other Referral Number

	
38.	<p>Billing Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type – Auto populated. • ID Qualifier (up to 2) • Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
39.	<p>Referring Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Entity Type – Auto populated. • Identification Type drop-down list (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The 'Referring Provider ID Information' window displays a form for adding provider information. It includes fields for 'Entity ID Code' (set to 'Referring Provider'), 'Entity Type' (set to 'Person'), and three sets of 'Identification Type' and 'Identification Number' fields. Navigation buttons include 'Delete', 'Previous', 'Next', 'OK', and 'Cancel'. A small box with the number '1' is visible in the top right corner.</p>
40.	<p>Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The 'Operating Physician' window displays a form for adding operating physician information. It includes four sets of 'ID Qualifier' (drop-down) and 'Secondary ID' (text) fields. Navigation buttons include 'Delete Data', 'OK', and 'Cancel'.</p>
41.	<p>Service Facility ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • ID Qualifier drop-down list (up to 3) • Secondary ID (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
42.	<p>Adjustment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code • Reason Code (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6) 
43.	<p>Rendering Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Identification Type (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
44.	<p>Attending Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier drop-down list (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
45.	<p>Other Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
46.	<p>Other Reference Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Service Auth Exception Code • Payer Claim Control Number • Repriced Claim Reference Number • Adjusted Repriced Claim Reference Number • Investigational Device Exemption Number (up to 5) • Demonstration Project ID • Peer Review Authorization Number 
47.	<p>Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Report Code (up to 10) • Transmission Code (up to 10) • Identification Code (up to 10)

Note: Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.

	Report Code	Transmission Code	Identification Code
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			

Buttons: Delete Data, OK, Cancel

48.

Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Contract Type Code – This is a required field.
- Contract Amount
- Contract Percent
- Contract Code
- Terms Discount Percent
- Contract Version Identifier

Contract Information

Contract Type Code: [dropdown]

Contract Amount: [text field]

Contract Percent: [text field]

Contract Code: [text field]



Terms Discount Percent: [text field]

Contract Version Identifier: [text field]

Buttons: Delete Data, OK, Cancel

49.

File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

	<ul style="list-style-type: none"> Fixed Format Information (up to 10) 
50.	<p>EPSDT Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> Certification Condition Indicator Conditions (up to 3) <p>Note: If Certification Condition Indicator is set to “No”, then Condition 1 should be set to “NU: Not Used”.</p> 
51.	Click the Template Line Items tab or Next Page button.

Nursing Facility Template Data

Template Data | Template Codes | Template Line Items

Claim Line Items:

Service Line Revenue Code: [] Product / Service ID Qualifier: [] Procedure Code: [] Procedure Modifiers: [] Description: [] 1

Line Item Charge Amount: [] Unit or Basis for Measurement Code: [] Service Units Count: [] Non-Covered Charge Amount: [] Service Date(s): [] Rate: []

Line Item Control #: [] Repriced Line Item Ref #: [] Adjusted Repriced Line Item Ref #: [] Service Tax Amount: [] Facility Tax Amount: []

Operating Physician: [] Other Operating Physician: [] Rendering Provider: [] Referring Provider: [] Add line item

Additional Line Item Information

Drug Information: [] Paperwork: [] Adjudication Information: [] Line Pricing / Repricing Info: []

Delete Copy First Previous Next Last


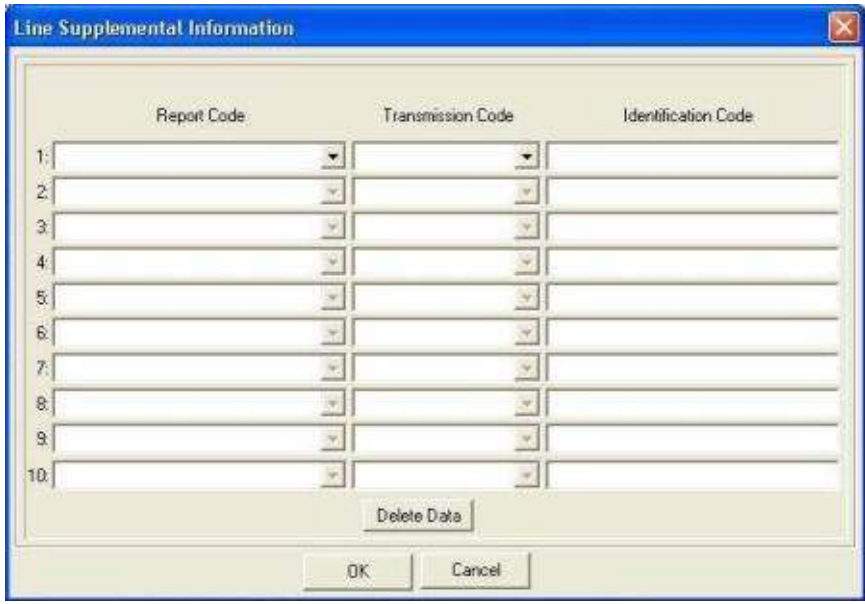
#	Service Dates From To	Revenue Code	HCPCS Code	Modifiers 1 2 3 4	Service Units Count	Line Item Charge Amount
1						
2						
3						
4						
5						

Total Claim Charges: []

First Page Previous Page Save Cancel

Step	Actions
52.	<p>In the Template Line Items section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Service Line Revenue Code – This is a required field. • Product / Service ID Qualifier • Procedure Code • Procedure Modifiers (up to 4) • Description • Line Item Charge Amount • Units or Basis for Measurement – This is a required field. • Service Units Count • Non-Covered Charge Amount • Service Date(s) • Rate – This is a required field. • Line Item Control # • Repriced Line Item Ref # • Adjusted Repriced Line Item Ref # • Service Tax Amount • Facility Tax Amount

	<ul style="list-style-type: none"> • Operating Physician ID drop-down list • Other Operating Physician ID drop-down list • Rendering Provider ID drop-down list • Referring Provider ID drop-down list <p>If you are done entering all of the information for this line item, click the Add line Item button to add the line item to the grid bellow. Then click Save. If another line item needs to be entered, continue filling in the appropriate information and clicking add line item until all line items have been entered for this claim and then click Save.</p> <p>Other line item choices:</p> <ul style="list-style-type: none"> • Delete - Deletes the current line item • Copy - Copies the current line item. This does not copy any line item situational information • First - Scrolls you to the first line item • Previous - Scrolls you to the previous line item • Next - Adds a line item or scrolls you from one line to the next • Last - Scrolls you to the last line item <p>NOTE: All the buttons on the Additional Line Item Information would become enabled after the required items have been inputted.</p>
53.	<p>Drug Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • National Drug Code • National Drug Unit Count • Code Qualifier <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> <ul style="list-style-type: none"> • Reference Identification Qualifier • Prescription Number <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
54.	<p>Paperwork Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Report Code (up to 10) • Transmission Code (up to 10) • Identification Code (up to 10) <p>Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.</p> 
55.	<p>Adjudication Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer ID – This is a required field. • Service Line Paid Amount – This is a required field. • Procedure Modifiers (up to 4) • Adjudication or Payment Date – This is a required field. • Proc Code Description • Paid Service Unit Count – This is a required field.

- Service Line This Line Was Bundled Into
- Revenue Code – This is a required field.
- Remaining Patient Liability



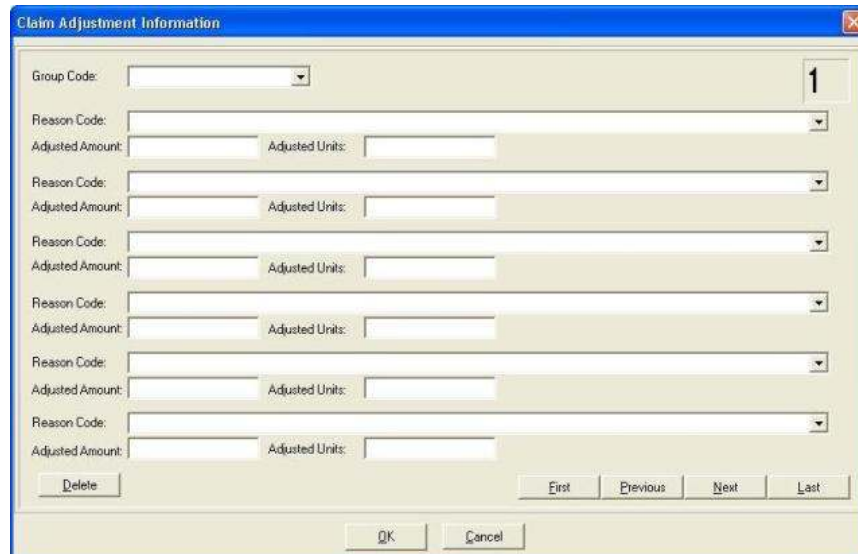
The 'Line Adjudication Information' window contains the following fields and controls:

- Pager ID:** A text field with a dropdown arrow.
- Service Line Paid Amount:** A text field.
- Procedure Modifiers:** A group box containing four small text fields.
- Adjudication or Payment Date:** A date field with a calendar icon.
- Service Adjustment:** A button.
- Product or Service ID:** A text field.
- Proc Code Description:** A text field.
- Paid Service Unit Count:** A text field.
- Service Line This Line Was Bundled Into:** A text field.
- Revenue Code:** A text field.
- Remaining Patient Liability:** A text field.
- Navigation:** Buttons for 'Delete', 'First', 'Previous', 'Next', 'Last', 'OK', and 'Cancel'.

56.

Service Adjustment Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Group Code – This is a required field.
- Reason Code drop-down list (up to 6)
- Adjusted Amount (up to 6)
- Adjusted Units (up to 6)




The 'Claim Adjustment Information' window contains the following fields and controls:

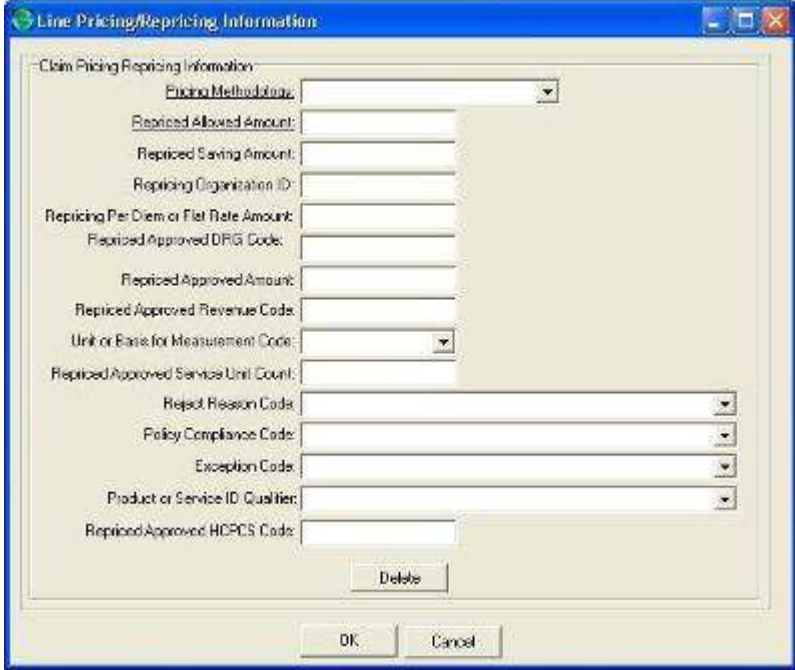
- Group Code:** A dropdown menu.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Reason Code:** A dropdown menu.
- Adjusted Amount:** A text field.
- Adjusted Units:** A text field.
- Navigation:** Buttons for 'Delete', 'First', 'Previous', 'Next', 'Last', 'OK', and 'Cancel'.

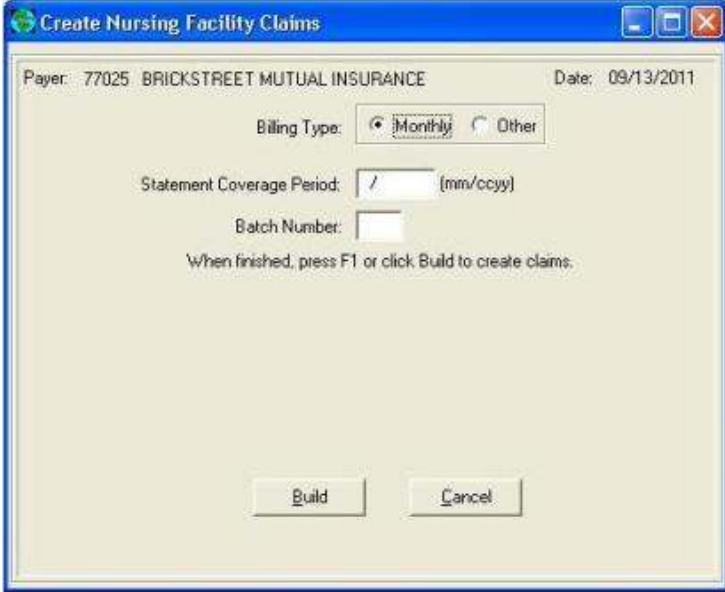
57.

Product or Service ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Identification Type
- Identification Number

	
58.	<p>Line Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none">• Pricing Methodology – This is a required field.• Repriced Allowed Amount – This is a required field.• Repriced Saving Amount• Repriced Organization ID• Repricing Per Diem or Flat Rate Amount• Repriced Approved Ambulatory Pat Group• Repriced Approved Amount• Repriced Approved Revenue Code• Unit or Basis for Measurement Code• Repriced Approved Service Unit Count• Reject Reason Code• Policy Compliance Code• Product or Service ID Qualifier• Repriced Approved HCPCS Code

	 <p>The dialog box titled "Line Pricing/Repricing Information" contains the following fields and controls:</p> <ul style="list-style-type: none"> Pricing Methodology: (dropdown menu) Repriced Allowed Amount: (text field) Repriced Saving Amount: (text field) Repricing Organization ID: (text field) Repricing Per Diem or Flat Rate Amount: (text field) Repriced Approved DRG Code: (text field) Repriced Approved Amount: (text field) Repriced Approved Revenue Code: (text field) Unit or Basis for Measurement Code: (dropdown menu) Repriced Approved Service Unit Count: (text field) Reject Reason Code: (dropdown menu) Policy Compliance Code: (dropdown menu) Exception Code: (dropdown menu) Product or Service ID Qualifier: (dropdown menu) Repriced Approved HCPCS Code: (text field) Delete: (button) OK: (button) Cancel: (button)
59.	In the Claim Line Items tab, the Total Claim Charges field will be automatically calculated based on the line item charges. This is a required field.
60.	Click Save.
61.	To build claims for billing, select Tools, Build Nursing Facility Claims.



The dialog box titled "Create Nursing Facility Claims" displays the following information and controls:

- Payer: 77025 BRICKSTREET MUTUAL INSURANCE
- Date: 09/13/2011
- Billing Type: ☒ Monthly ☐ Other
- Statement Coverage Period: / (mm/ccyy)
- Batch Number:
- When finished, press F1 or click Build to create claims.
- Build: (button)
- Cancel: (button)

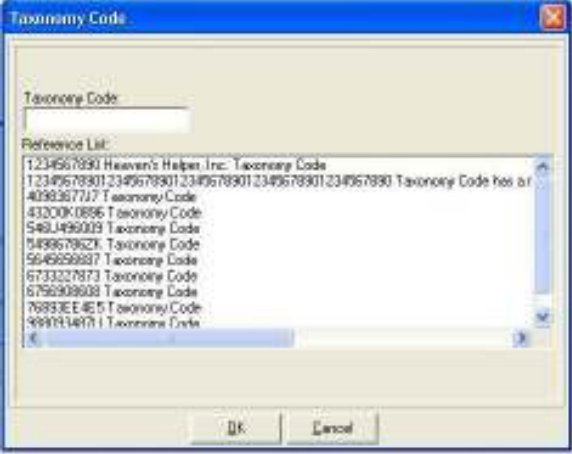

62.	Choose Monthly or Other. <ul style="list-style-type: none">- Monthly will build all templates on the specified month.- Other will give you two date fields; all the templates specified in between the dates will be built to a claim.
63.	Enter appropriate dates in the Statement Coverage Period field/s. An optional Batch Number can be entered; the built claims will have that specified batch number.
64.	Click Build.
65.	One claim will be created for each patient in that billing period. The created claims from the templates will auto populate the following: <ul style="list-style-type: none">• In Claim Data tab<ul style="list-style-type: none">- Statement Coverage Period Through date (if none was entered in the template)• In Claim Line Items tab<ul style="list-style-type: none">- Line Item Charge Amount (computed using the Rate field from the template and Service Units Count)- Service Units Count (computed using the difference of Statement Coverage Period From and Date fields)- Service Date(s)
66.	To make changes to an individual claim that was created select Claims, Nursing Facility, and Nursing Facility Claim.
67.	Select the claim to change and click Change.
68.	Make the necessary changes and click Save.

8 Adding a Nursing Facility Claim

Data from a Nursing Facility claim form is entered into WINASAP5010 through 3 tabs. When you select the ADD option for a Nursing Facility claim, the system displays a Nursing Facility Claim Data window. Once you complete the Claim Data tab, you will continue to complete the Claim Codes and Claim Line Items tabs.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	From the Claims Submenu, select the Institutional option. This will open the Institutional Claim List Window.
3.	Click on the Add button. This will open the Institutional Claim Data window. At the top left-hand portion of the window you will see three tabs: <ul style="list-style-type: none"> • Claim Data • Claim Codes • Claim Line Items

STEPS	ACTIONS
4.	In the Bill Date field, enter the date the claim is billed to the payer. If you press F5, the system will pre-fill the date field with the current system date. This is a required field.
5.	In the User Batch # field, you may enter your own batch number up to four digits in length.
6.	In the User Claim Number field, you may enter your own claim number up to nine digits in length.
7.	In the Claim Identifier drop-down list, select the appropriate transaction type. By default, it is selected as “Chargeable”.
8.	<p>In the Patient Information section select the appropriate patient from the drop down list box. To select the patient double-click on the patient name. Once you have selected the appropriate patient this will pre-fill the name, DOB, gender, and patient account number fields. These fields cannot be edited on the claim form. This information can only be changed in the patient reference window. This is a required field.</p> <p>Note: If the patient has not been added to the Patient database, refer to the Maintaining Reference Data procedures. Follow the steps for Adding a New Patient to complete this step in adding a nursing claim.</p>
9.	<p>In the Provider Information section complete the following fields:</p> <ul style="list-style-type: none"> • Billing Provider ID – This is a required field. • Pay-To Address ID • Service Facility Location • Attending Provider ID • Operating Physician ID • Other Operating Physician ID – This is enabled when Operating Physician ID field has a value. • Rendering Provider ID • Referring Provider ID • Pay To Plan ID –This is enabled only if the Transaction Type is set to “Subrogation Demand” <p>Note: For Pay-To Plan providers, only providers with Employer’s ID Number can be selected in the claims.</p>
10.	<p>Taxonomy Code Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Taxonomy Code <p>Note: The corresponding button is only enabled when Billing Provider</p>

STEPS	ACTIONS
	<p>or Attending Provider has value.</p> <p>Note: A preloaded value is obtained from the Provider Taxonomy Code (entered in Provider Data Form; see Adding a New Provider section of this document) of the values filled. Its value can be changed by double clicking a value from the list displayed in the Reference List.</p>  <p>Under the Billing Provider and Pay To Plan, there is a Tax ID button. The fields in it are required. Preloaded values are obtained from the Provider Tax Identification Number (entered in Provider Data Form; see Adding a New Provider section of this document). Thru this window, its value can be changed by the user if needed.</p> 
11.	<p>In the Claim Data section, complete the following fields:</p> <p>Admission</p> <ul style="list-style-type: none"> • Date • Hr • Min • Type – This is a required field. • SRC <p>Discharge</p>

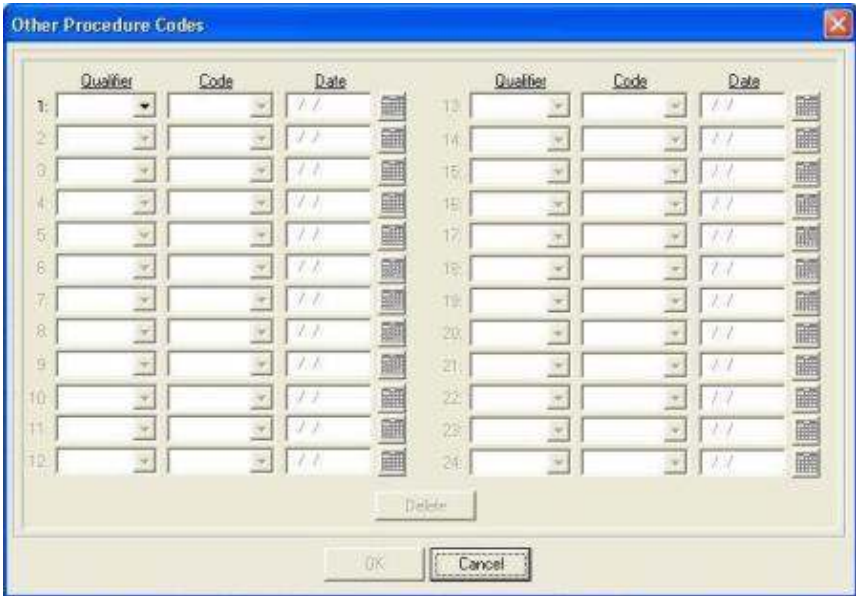
STEPS	ACTIONS
	<ul style="list-style-type: none"> • Stat – This is a required field. • Hr • Min <p>Statement Coverage Period</p> <ul style="list-style-type: none"> • From/Through fields – This is a required field. • Referral # • Prior Authorization # • Type of Bill – This is a required field. • Auto Accident State • Medical Record • Repricer Received Data
12.	Click the Claim Codes tab or Next Page button.

The screenshot shows the 'Nursing Claim Data' application window with the 'Claim Codes' tab selected. The window contains several sections for data entry:

- Procedure Codes:** Includes fields for Principal Procedure Code Qualifier, Principal Procedure Code, Principal Procedure Date, and Other Procedure Codes.
- Diagnosis Codes:** Includes fields for Principal Diagnosis Code Qualifier, Principal Diagnosis Code, Present on Admission Indicator, Admitting Diagnosis Code Qualifier, and Admitting Diagnosis Code.
- Additional Claim Codes:** Includes dropdown menus for Assignment or Plan Participation Code, Release of Information Code, Delay Reason Code, and Claim Filing Indicator Code. It also has a field for Assignment of Benefits Indicator and a field for DRG Code.
- Additional Claim Information:** Includes buttons for Patient Reason for Visit Codes, External Cause of Injury Codes, Occurrence Span Codes, Occurrence Codes, Value Codes, Condition Codes, Treatment Codes, and Claim Pricing / Repricing Info.
- Additional Claim Information (Bottom):** Includes a Patient Responsibility Amount field and buttons for Claim Notes, Billing Notes, Other Subscriber Info, Other Reference Info, Supplemental Info, Contract Info, File Info, and EPSDT Info.

At the bottom of the window are buttons for 'Next Page', 'Previous Page', 'Save', and 'Cancel'.

13.	<p>In the Procedure Codes section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Principal Procedure Qualifier • Principal Procedure Code • Principal Procedure Date
-----	---

	<p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p>
14.	<p>Other Procedure Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Qualifier (up to 24) • Code (up to 24) • Date (up to 24) <p>Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.</p> 
15.	<p>In the Diagnosis Code section, complete the following fields:</p> <ul style="list-style-type: none"> • Principal Diagnosis Code Qualifier – This is a required field. • Principal Diagnosis Code – This is a required field. • Present on Admission Indicator • Admitting Diagnosis Code Qualifier • Admitting Diagnosis Code <p>Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.</p>
16.	<p>In the Other Diagnosis Codes button, complete the following fields:</p> <ul style="list-style-type: none"> • Code Qualifier (up to 24) • Other Diagnosis Code (up to 24) • Present on Admission Indicator (up to 24)

Note: If Code Qualifier or Other Diagnosis Code is filled up, the other is required.

17.

In the Additional Claim Codes section, complete the following fields:

- Assignment or Plan participation Code – This is a required field.
- Release of Information Code – This is a required field.
- Delay Reason Code
- Claim Filing Indicator Code – This is a required field.
- Assignment of Benefits Indicator – This is a required field.
- DRG Code

18.

Patient Reason for Visit Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Patient Reason for Visit Code Qualifier (up to 3)
- Patient Reason for Visit (up to 3)

Note: If one of the two above fields is filled up, the other field is required to be filled up. Either fill them both up, or leave them blank.

19.

External Cause of Injury Codes Window - This is a situational window. The

fields listed below are required only if the situation applies to the claim.

- Code Qualifier (up to 12)
- External Cause of Injury Code (up to 12)
- Present on Admission Indicator (up to 12)

Note: If Code Qualifier or External Cause of Injury Code is filled up, the other is required.

20.

Occurrence Span Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- From (up to 24)
- Through (up to 24)

Note: If one or two of the three above fields are filled up, the remaining fields are required to be filled up. Either fill them all up, or leave them blank.

Occurrence Span Codes

	Code	From	Through		Code	From	Through
1:		//		13:		//	
2:		//		14:		//	
3:		//		15:		//	
4:		//		16:		//	
5:		//		17:		//	
6:		//		18:		//	
7:		//		19:		//	
8:		//		20:		//	
9:		//		21:		//	
10:		//		22:		//	
11:		//		23:		//	
12:		//		24:		//	

Delete

OK Cancel

21. Occurrence Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Date (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

Occurrence Codes

	Code	Date		Code	Date
1:		//	13:		//
2:		//	14:		//
3:		//	15:		//
4:		//	16:		//
5:		//	17:		//
6:		//	18:		//
7:		//	19:		//
8:		//	20:		//
9:		//	21:		//
10:		//	22:		//
11:		//	23:		//
12:		//	24:		//

Delete

OK Cancel

22. Value Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)
- Amount (up to 24)

Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.

23.

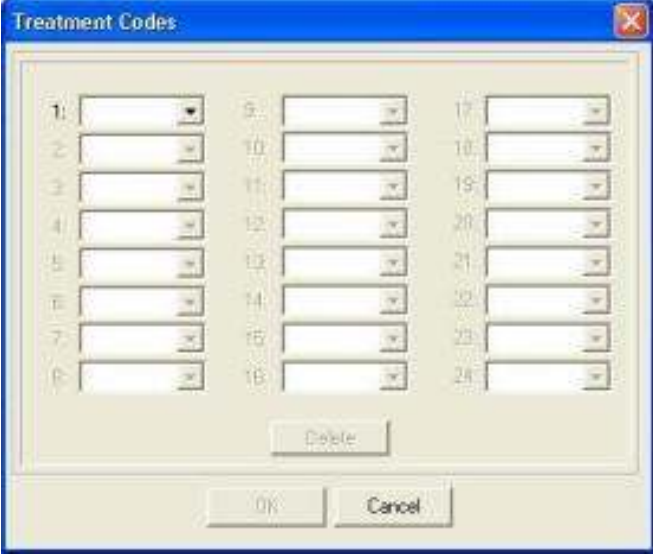
Condition Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

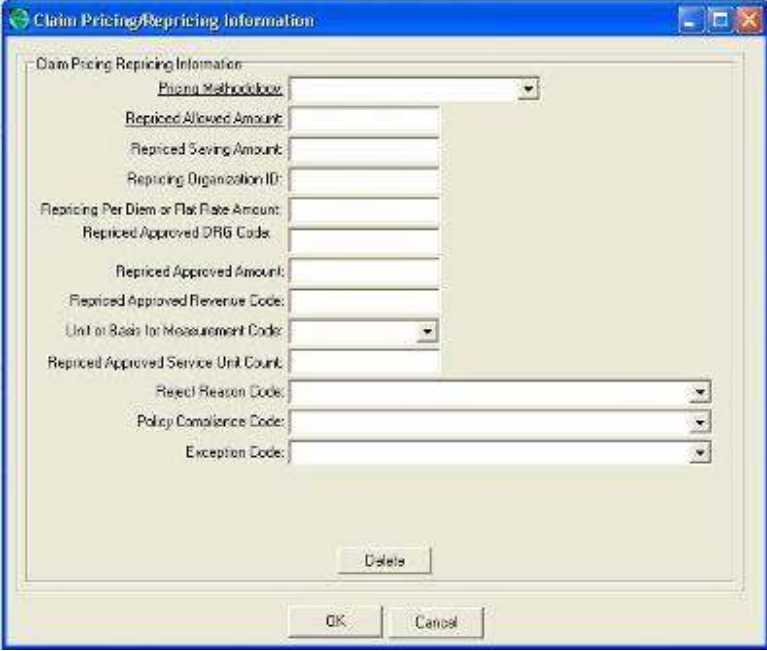
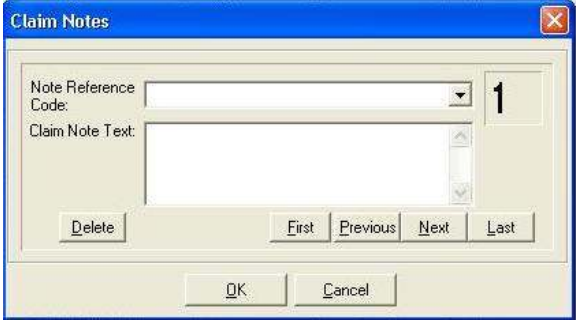
- Code (up to 24)


24.

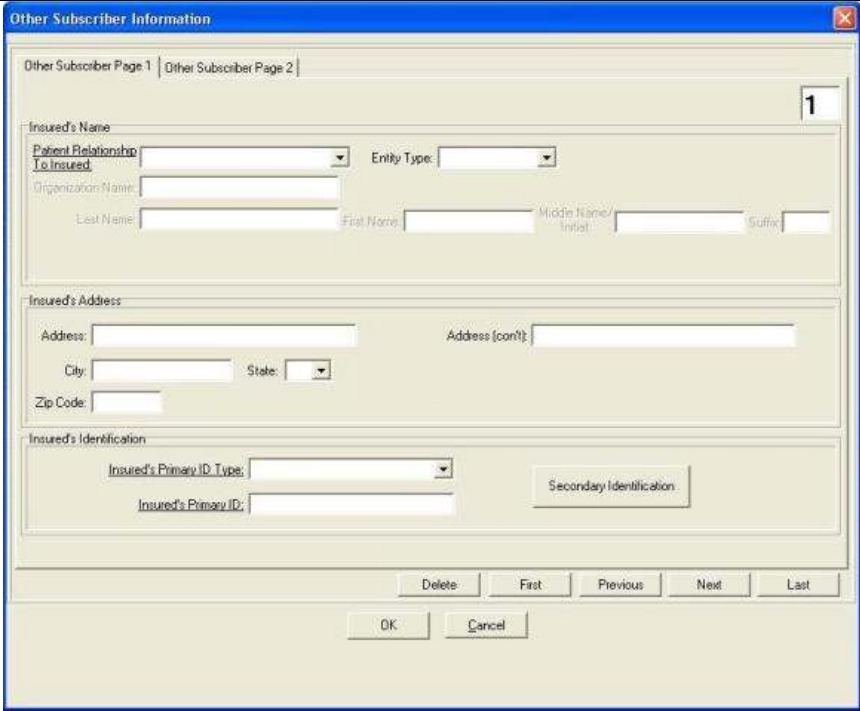
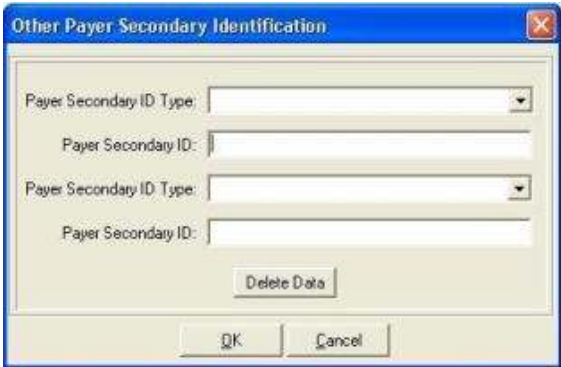
Treatment Codes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Code (up to 24)

	
25.	<p>Claim Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Pat Group • Repriced Approved Amount • Repriced Approved Revenue Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Exception Code

	
26.	<p>In the Additional Claim Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Responsibility Amount
27.	<p>Claim Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Reference Code (up to 10). • Notes (up to 10) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
28.	<p>Billing Notes Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Note Text

	
29.	<p>On Other Subscriber Page 1 tab, under the Insured's Name section, complete the following fields:</p> <ul style="list-style-type: none"> • Patient Relationship to Insured – This is a required field. • Entity Type – This is a required field. • Organization Name – This field is required if Non-Person in Entity Type field is selected. • Last Name – This field is required if Person in Entity Type field is selected. • First Name – This field is required if Person in Entity Type field is selected. • Middle Name/Initial – This field is enabled if Person in Entity Type field is selected. • Suffix – This field is enabled if Person in Entity Type field is selected. <p>Under the Insured's Address section, complete the following fields.</p> <ul style="list-style-type: none"> • Address – This is a required field. • Address (con't) • City. • State • Zip Code <p>Under Insured's Identification section, complete the following fields.</p> <ul style="list-style-type: none"> • Insured's Primary ID Type – This is a required field. • Insured's Primary ID – This is a required field.

	
<p>30.</p>	<p>Secondary Identification Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Insured's Secondary ID Type (up to 2) • Insured's Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>When finished, click on the Other Subscriber Page 2 tab.</p>
<p>31.</p>	<p>Under the Insurance Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Group or Policy # • Group or Plan Name • Claim Filing Indicator

- Release of Information Code – This is a required field.
- Assignment of Benefits Indicator

32. COB Amounts Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- COB Payer Paid Amount
- Remaining Patient Liability
- COB Total Non-Covered Charges

33. Outpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Outpatient Reimbursement Rate
- HCPCS Payable Amount
- Remarks Code (up to 5)
- End Stage Renal Disease Payment Amount

- Non-Payable Professional Component Billed Amount

Medicare Outpatient Adjudication Information

Reimbursement Rate:

HCPCS Payable Amount:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

Claim Payment Remark Code:

End Stage Renal Disease Payment Amount:

Non-Payable Professional Component Billed Amount:

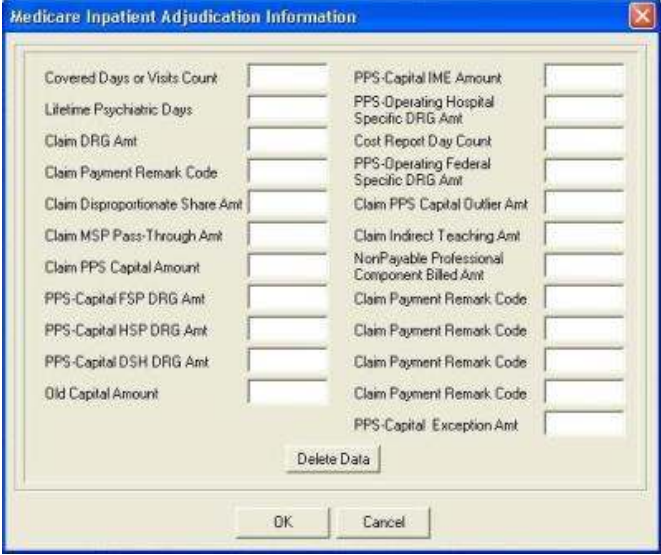
Delete Data

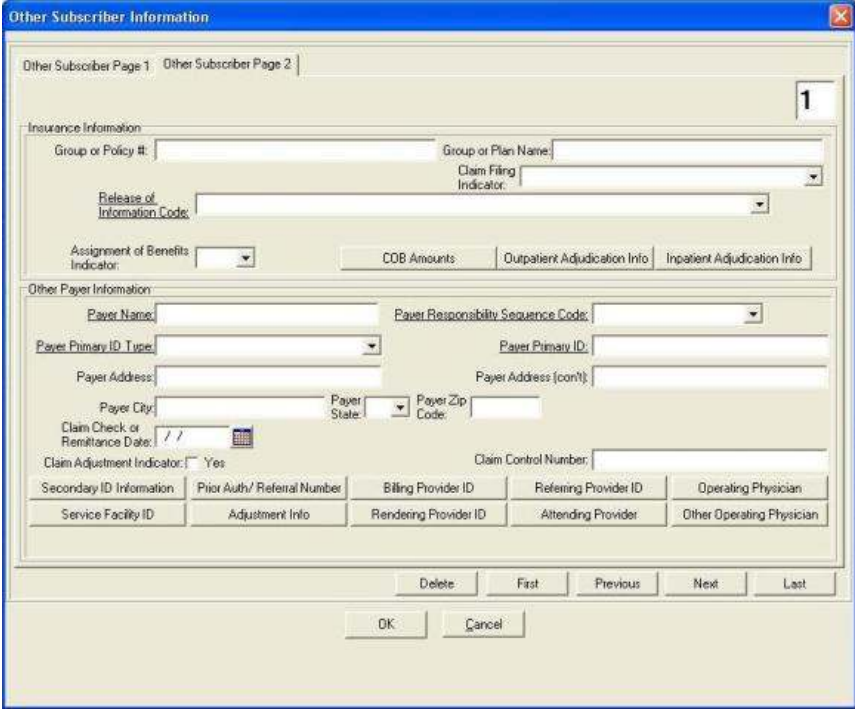
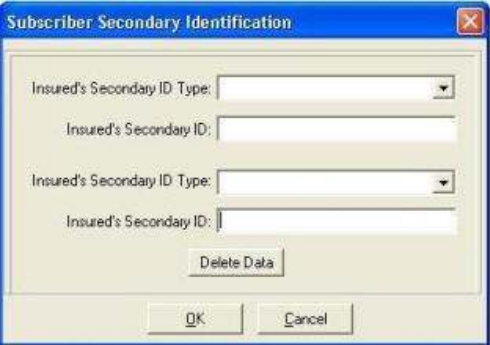
OK Cancel



34.



Inpatient Adjudication Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.


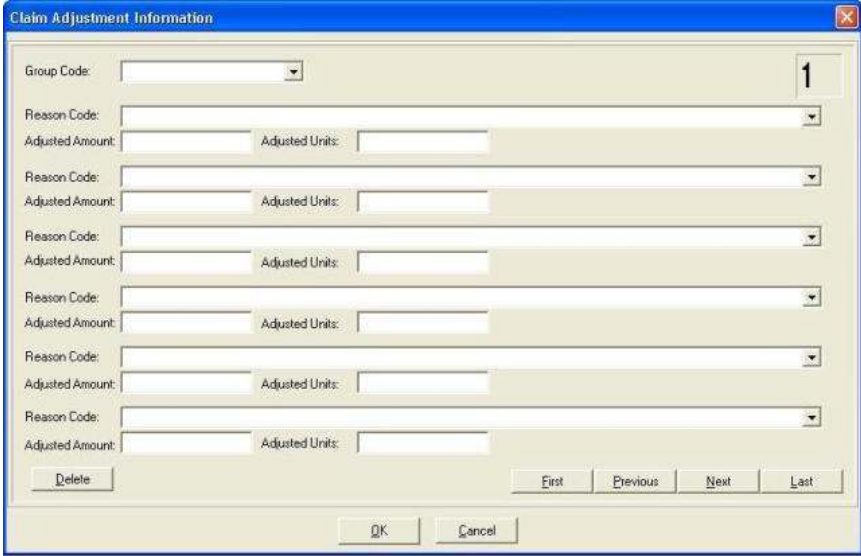
- Covered Days
- Lifetime Psychiatric Days
- Remaining Patient Liability Amt
- Claim Payment Remark Code
- Claim Disproportionate Share Amount
- Claim MSP Pass-Through Amount
- Claim PPS Capital Amount
- PPS-Capital FSP DRG Amount
- PPS-Capital HSP DRG Amount
- PPS-Capital DSH DRG Amount
- Old Capital Amount
- PPS-Capital IME Amount
- PPS-Operating DRG Amount
- Cost Report Day Count
- PPS-Operating Federal DRG
- Claim PPS Capital Outliner Amt
- Claim Indirect Teaching Amt
- NonPayable Professional Component Billed Amount
- Claim Payment Remark Code (up to 4)
- PPS-Capital Exception Amt



	
35.	<p>In the Other Payer Information section, complete the following fields:</p> <ul style="list-style-type: none"> • Payer Name – This is a required field. • Payer Responsibility Sequence Code – This is a required field. • Payer Primary ID Type – This is a required field. • Payer Primary ID – This is a required field. • Payer Address • Payer Address (con't) • Payer City • Payer State • Payer Zip Code • Claim Check or Remittance Date • Claim Adjustment Indicator • Claim Control Number

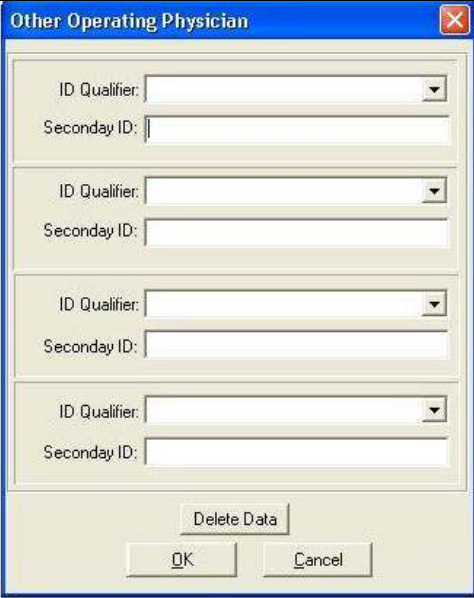
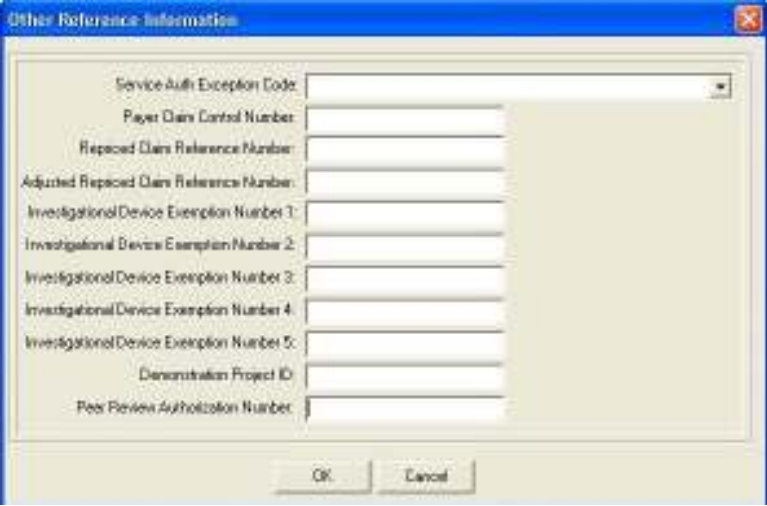
	
<p>36.</p>	<p>Secondary ID Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer Secondary ID Type (up to 2) • Payer Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 
<p>37.</p>	<p>Prior Auth/Referral Number Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Other Payer Prior Authorization Qualifier – Auto populated. • Other Payer Prior Authorization Number • Other Referral Number Qualifier – Auto populated. • Other Referral Number

	 <p>The screenshot shows a window titled "Prior Auth/Referral Information". It contains two sections. The first section has a label "Other Paper Prior Authorization Qualifier:" followed by a text box containing "Prior Authorization Number". Below this is a label "Other Paper Prior Authorization Number:" followed by an empty text box. The second section has a label "Other Paper Referral Number Qualifier:" followed by a text box containing "Referral Number". Below this is a label "Other Referral Number:" followed by an empty text box. At the bottom, there is a "Delete Data" button, and at the very bottom, "OK" and "Cancel" buttons.</p>
38.	<p>Billing Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type – Auto populated. • ID Qualifier (up to 2) • Secondary ID (up to 2) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The screenshot shows a window titled "Billing Provider ID Information". It contains two identical sections. Each section starts with a label "Entity Type:" followed by a dropdown menu. Below that is a label "ID Qualifier:" followed by a dropdown menu, and then a label "Secondary ID:" followed by a text box. At the bottom, there is a "Delete Data" button, and at the very bottom, "OK" and "Cancel" buttons.</p>
39.	<p>Referring Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Entity Type – Auto populated. • Identification Type drop-down list (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The 'Referring Provider ID Information' window displays a form for adding provider information. It includes fields for 'Entity ID Code' (set to 'Referring Provider'), 'Entity Type' (set to 'Person'), and three sets of 'Identification Type' and 'Identification Number' fields. Navigation buttons include 'Delete', 'Previous', 'Next', 'OK', and 'Cancel'.</p>
40.	<p>Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The 'Operating Physician' window displays a form for adding operating physician information. It includes four sets of 'ID Qualifier' and 'Secondary ID' fields. Navigation buttons include 'Delete Data', 'OK', and 'Cancel'.</p>
41.	<p>Service Facility ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • ID Qualifier drop-down list (up to 3) • Secondary ID (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The 'Service Facility ID Information' window contains three identical sections for entering ID information. Each section has a dropdown for 'Entity ID Code' (currently showing 'Service Location'), a dropdown for 'ID Qualifier', and a text field for 'Secondary ID'. At the bottom are buttons for 'Delete Data', 'OK', and 'Cancel'.</p>
42.	<p>Adjustment Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code • Reason Code (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6)  <p>The 'Claim Adjustment Information' window displays a list of adjustments. It starts with a 'Group Code' dropdown and a page indicator '1'. Below are six rows, each containing a 'Reason Code' dropdown, an 'Adjusted Amount' text field, and an 'Adjusted Units' text field. At the bottom are buttons for 'Delete', 'First', 'Previous', 'Next', 'Last', 'OK', and 'Cancel'.</p>
43.	<p>Rendering Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Entity Type Code – Auto populated. • Identification Type (up to 3) • Identification Number (up to 3) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	 <p>The 'Rendering Provider ID Information' window contains the following fields:</p> <ul style="list-style-type: none"> Entity Type: [dropdown] Identification Type: [dropdown] Identification Number: [text box] Identification Type: [dropdown] Identification Number: [text box] Identification Type: [dropdown] Identification Number: [text box] <p>Buttons: Delete Data, OK, Cancel</p>
44.	<p>Attending Provider ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier drop-down list (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>  <p>The 'Attending Provider Secondary Info' window contains the following fields:</p> <ul style="list-style-type: none"> ID Qualifier: [dropdown] Secondary ID: [text box] ID Qualifier: [dropdown] Secondary ID: [text box] ID Qualifier: [dropdown] Secondary ID: [text box] ID Qualifier: [dropdown] Secondary ID: [text box] <p>Buttons: Delete Data, OK, Cancel</p>
45.	<p>Other Operating Physician ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • ID Qualifier (up to 4) • Secondary ID (up to 4) <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p>

	
46.	<p>Other Reference Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Service Auth Exception Code • Payer Claim Control Number • Repriced Claim Reference Number • Adjusted Repriced Claim Reference Number • Investigational Device Exemption Number (up to 5) • Demonstration Project ID • Peer Review Authorization Number 
47.	<p>Supplemental Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Report Code (up to 10)

- Transmission Code (up to 10)
- Identification Code (up to 10)

Note: Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.

	Report Code	Transmission Code	Identification Code
1:			
2:			
3:			
4:			
5:			
6:			
7:			
8:			
9:			
10:			

Buttons: Delete Data, OK, Cancel

48.

Contract Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.

- Contract Type Code – This is a required field.
- Contract Amount
- Contract Percent
- Contract Code
- Terms Discount Percent
- Contract Version Identifier
- Contract Version Identifier

Contract Type Code: [dropdown]

Contract Amount: [text box]



Contract Percent: [text box]

Contract Code: [text box]


Terms Discount Percent: [text box]

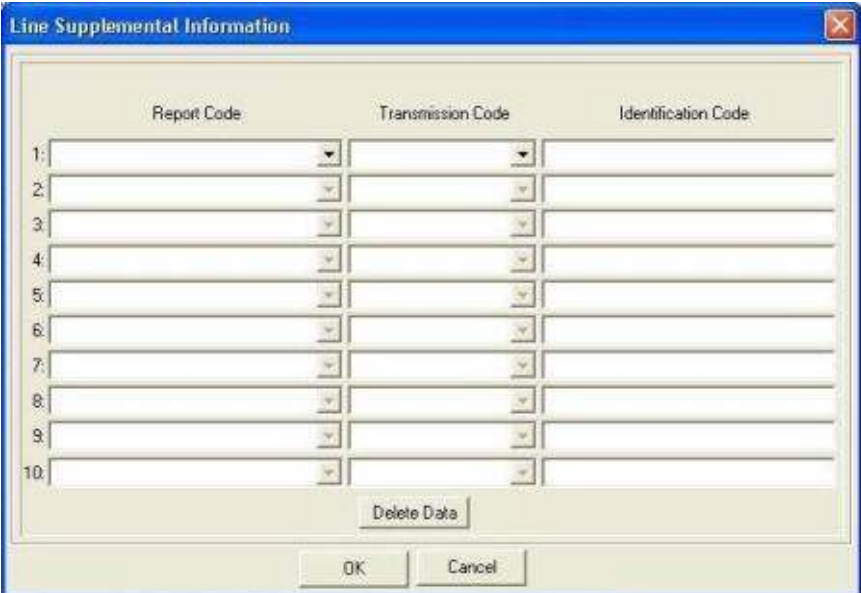
Contract Version Identifier: [text box]

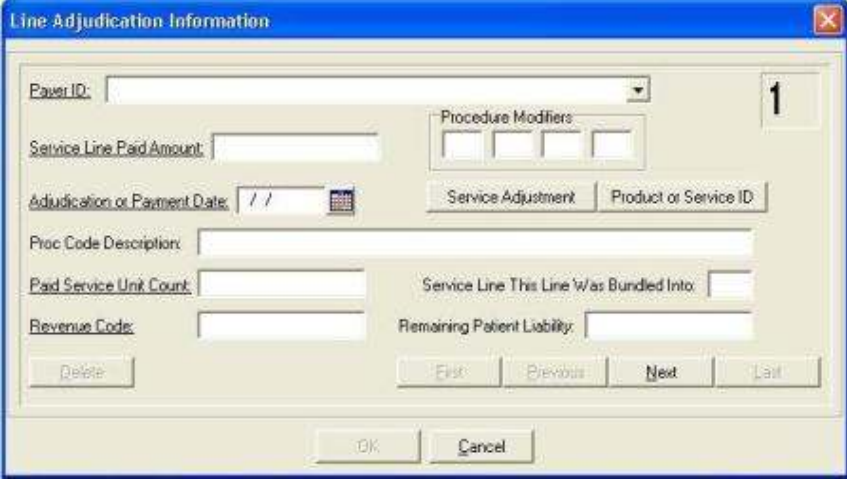
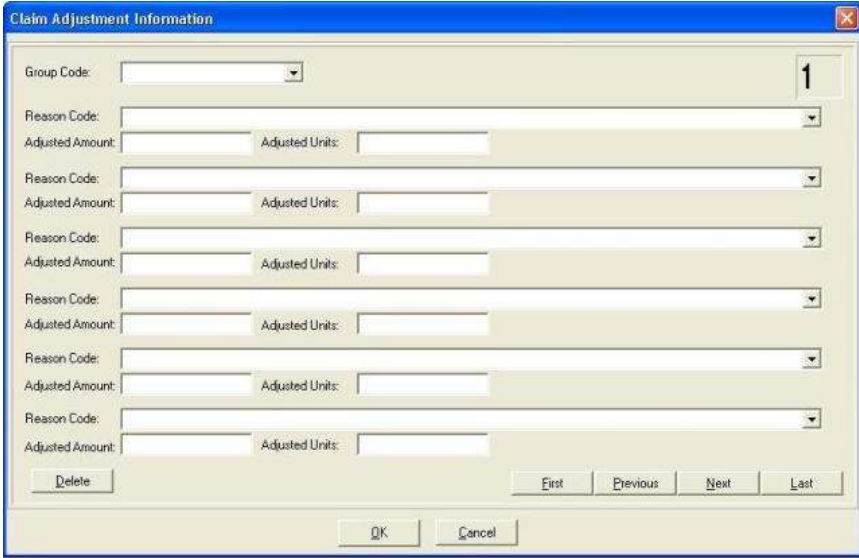
Buttons: Delete Data, OK, Cancel


49.	<p>File Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> Fixed Format Information (up to 10) 
50.	<p>EPSDT Info Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> Certification Condition Indicator Conditions (up to 3) <p>Note: If Certification Condition Indicator is set to “No”, then Condition 1 should be set to “NU: Not Used”.</p> 
51.	Click the Claim Line Items tab or Next Page button.

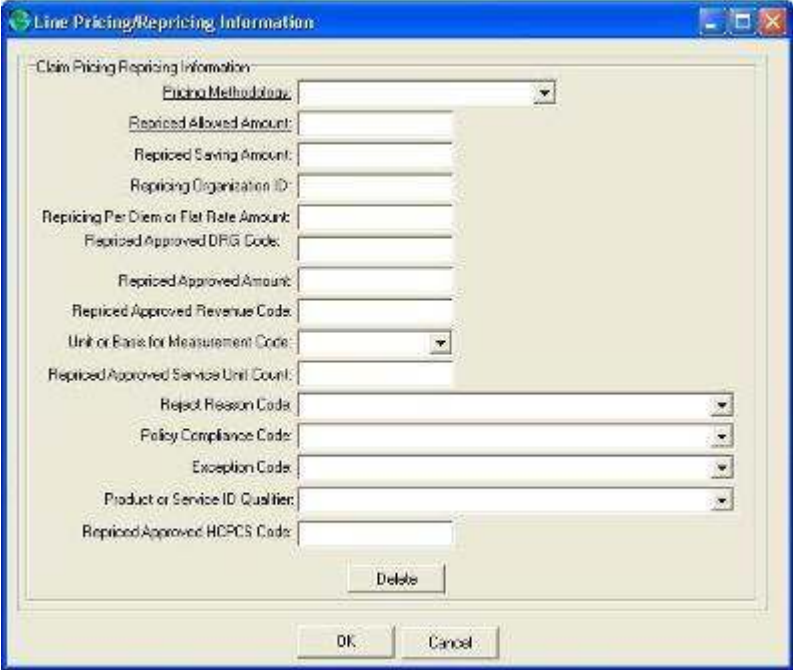
Step	Actions
52.	<p>In the Claim Line Items section, if necessary, complete the following fields:</p> <ul style="list-style-type: none"> • Service Line Revenue Code – This is a required field. • Product / Service ID Qualifier • Procedure Code • Procedure Modifiers (up to 4) • Description • Line Item Charge Amount – This is a required field. • Units or Basis for Measurement – This is a required field. • Service Units Count – This is a required field. • Non-Covered Charge Amount • Service Date(s) • Line Item Control # • Repriced Line Item Ref # • Adjusted Repriced Line Item Ref # • Service Tax Amount • Facility Tax Amount • Operating Physician ID • Other Operating Physician ID • Rendering Provider ID

Step	Actions
	<ul style="list-style-type: none"> Referring Provider ID <p>If you are done entering all of the information for this line item, click the Add line Item button to add the line item to the grid below. Then click Save. If another line item needs to be entered, continue filling in the appropriate information and clicking add line item until all line items have been entered for this claim and then click Save.</p> <p>Other line item choices:</p> <ul style="list-style-type: none"> Delete - Deletes the current line item Copy - Copies the current line item. This does not copy any line item situational information First - Scrolls you to the first line item Previous - Scrolls you to the previous line item Next - Adds a line item or scrolls you from one line to the next Last - Scrolls you to the last line item <p>Note: All the buttons on the Additional Line Item Information would become enabled after the required items have been inputted.</p>
53.	<p>Drug Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> National Drug Code National Drug Unit Count Code Qualifier <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> <ul style="list-style-type: none"> Reference Identification Qualifier Prescription Number <p>Note: If one field is filled up, the other field is required to be filled up. Either fill both fields, or leave them blank.</p> 

Step	Actions
54.	<p>Paperwork Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Report Code (up to 10) • Transmission Code (up to 10) • Identification Code (up to 10) <p>Note: When the Transmission Code is set to “Available on Request”, the Identification Code field must not be filed up.</p> 
55.	<p>Adjudication Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Payer ID – This is a required field. • Service Line Paid Amount – This is a required field. • Procedure Modifiers (up to 4) • Adjudication or Payment Date – This is a required field. • Proc Code Description • Paid Service Unit Count – This is a required field. • Service Line This Line Was Bundled Into • Revenue Code – This is a required field. • Remaining Patient Liability

Step	Actions
	 <p>The 'Line Adjudication Information' window contains the following fields and controls:</p> <ul style="list-style-type: none"> Payer ID: (text field) Service Line Paid Amount: (text field) Adjudication or Payment Date: (date picker) Proc Code Description: (text field) Paid Service Unit Count: (text field) Revenue Code: (text field) Procedure Modifiers: (grid of four text fields) Service Adjustment: (checkbox) Product or Service ID: (text field) Service Line This Line Was Bundled Into: (text field) Remaining Patient Liability: (text field) Buttons: Delete, First, Previous, Next, Last, OK, Cancel
56.	<p>Service Adjustment Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Group Code – This is a required field. • Reason Code drop-down list (up to 6) • Adjusted Amount (up to 6) • Adjusted Units (up to 6)  <p>The 'Claim Adjustment Information' window contains the following fields and controls:</p> <ul style="list-style-type: none"> Group Code: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Reason Code: (drop-down list) Adjusted Amount: (text field) Adjusted Units: (text field) Buttons: Delete, First, Previous, Next, Last, OK, Cancel
57.	<p>Product or Service ID Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Identification Type • Identification Number

Step	Actions
	
58.	<p>Line Pricing/Repricing Information Window - This is a situational window. The fields listed below are required only if the situation applies to the claim.</p> <ul style="list-style-type: none"> • Pricing Methodology – This is a required field. • Repriced Allowed Amount – This is a required field. • Repriced Saving Amount • Repriced Organization ID • Repricing Per Diem or Flat Rate Amount • Repriced Approved Ambulatory Pat Group • Repriced Approved Amount • Repriced Approved Revenue Code • Unit or Basis for Measurement Code • Repriced Approved Service Unit Count • Reject Reason Code • Policy Compliance Code • Product or Service ID Qualifier • Repriced Approved HCPCS Code

Step	Actions
	
59.	In the Claim Line Items tab, the Total Claim Charges field will be automatically calculated based on the line item charges. This is a required field.
60.	Click Save to save the claim.

9 Copying A Claim Record

WINASAP5010 helps you to quickly enter claims through a Copy function. The Copy function lets you create a new claim from a claim already entered into WINASAP5010's claim database. Once the claim has been copied, you can change any field on the new claim.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	From the Claims submenu, select the claim type of the claim you want to copy. This will open a Claim List window that displays one line for each claim entered to-date for the claim type you selected.
3.	Highlight and click on the claim you want to duplicate.
4.	Click Copy. WINASAP5010 will create a copy of the claim and display the duplicated claim for you modify.
5.	When you have completed your changes, click on the Save button.

9.1 Deleting a Claim Record

You can delete claims from the WINASAP5010 claims database regardless of the claim status; that is, the claim may be in a “Hold,” “Keyed,” “Billed,” “Accepted,” “Rejected”, or “Errored” status.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Claims option.
2.	From the Claims submenu, select the claim type of the claim you want to delete. This will open a Claim List window that displays one line for each claim entered to-date for the claim type you selected.
3.	Click on the Delete button. A window will prompt you to select what kind of deletion you want to do. <div data-bbox="604 798 1185 1066" data-label="Image"> <p>A screenshot of a 'Confirm Message' dialog box. The title bar is blue with a red close button. The main area is white with a text box containing 'Delete claim from the database?'. Below the text box are four buttons: 'Yes', 'Selective', 'All', and 'Cancel'.</p> </div>
4.	<p>Clicking ‘Yes’ button would delete the highlighted claim.</p> <p>Clicking ‘Selective’ button would allow you to mark claims with a checkbox at the left side of the claim.</p> <div data-bbox="449 1285 1339 1583" data-label="Image"> <p>A screenshot of the 'Institutional Claim List' window. The title bar is blue with the text 'W5010 - BRICKSTREET MUTUAL INSURANCE'. Below the title bar is a menu bar with 'File', 'Reference', 'Claims', 'Tools', 'Window', and 'Help'. The main area is a table with the following columns: 'User Batch/Claim #', 'Patient ID', 'Patient Account No', 'Begin DOS', and 'Patient's Name'. The table contains three rows of data. The first two rows have checkboxes checked, and the third row has a checkbox checked. The text 'Patient Last N.' is visible in the last column of each row.</p> </div> <p>Clicking ‘All’ button would delete all claims of the selected type.</p> <p>Note: Be extra cautious in using the delete button, unless you have a backup database, there is no way to retrieve the deleted claims.</p>

5.	<div data-bbox="740 191 1060 359">A screenshot of a Windows-style dialog box titled "Confirm Message". The dialog box has a blue title bar with a red close button in the top right corner. The main text area is white and contains the question "Delete this claim from the database?". Below the text are two buttons: "OK" and "Cancel".</div> <p data-bbox="418 401 1385 470">A warning message will display. If you wish to continue with the deletion, click on the OK button.</p>
----	---

10 Sending Claim Files

Sending your claims to ACS' EDI Claims Clearinghouse is an easy process.

WINASAP5010 produces a report during the Send process that helps you ensure that all the claims you entered were transmitted to ACS EDI Gateway. In addition, the EDI Claims Clearinghouse returns a transmission confirmation report that you can balance to your WINASAP5010 report to further ensure that your transmission was successful. An overview of this report is provided below. Refer to Chapter 11, Reporting, for a more detailed description and an example of each of these reports.

When You Send Claims

During the process, two reports are created: one by WINASAP5010 and one by the EDI Claims Clearinghouse:

- WINASAP5010 produces a Claim Billing Report which displays one line per claim transmitted, a total for the number of claims transmitted, and a total claim amount for the transmission.
- The ACS EDI Clearinghouse produces a Transmission Confirmation Report that confirms the acceptance or rejection, by claim type, of the claims transmitted.

10.1 Sending a Claim File

When you send, you are sending all claims that have been previously copied from the WINASAP5010 claims database and converted into ANSI X12N transaction formats. When ACS EDI Claims Clearinghouse host system receives your transmitted file, it returns a Transmission Confirmation Report, which acknowledges whether or not the logical files created by the Send process were accepted by the host system.

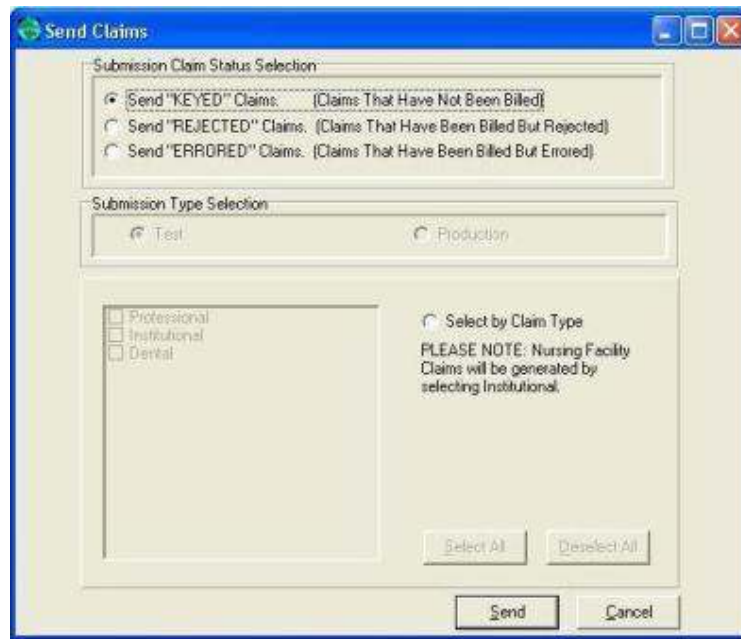
WINASAP5010 uses the returned Transmission Confirmation Report to automatically change the claim status on the system's claims database from "Keyed" to "Billed" for all claim types accepted by the EDI Claims Clearinghouse. For all claims rejected by the Clearinghouse, WINASAP5010 leaves the claim status as "Keyed" on the claims database. WINASAP5010 also stores the most recent fifty 50 Transmission Confirmation Reports in a Report folder so that you may view them at a later date.

If the Transmission Confirmation Report indicates the entire transmission was successful, no further action is required. If the transmission was not successfully completed; i.e., no Transmission Confirmation Report was received, you need to re-execute the Send process. If the transmission was partially successful—meaning: at least one line of the Transmission Confirmation Report was received but not all of the files were accepted-- you must make the necessary changes to the claims in error and then re-execute the Send function to regenerate all claims remaining in a "Keyed" status.

When WINASAP5010 receives a Transmission Confirmation Report, the system automatically renames the transmitted X12N claim transaction file to a standard audit trail file name. This process ensures that you do not accidentally resend a previously sent file. It also ensures that a copy of the most recently sent X12N claim transaction file is retained for use in problem resolution.

The send process can take quite a few minutes and at times it may seem like nothing is happening. The length of time depends on the number of claims being sent. Due to the large amount of information required to create an X12N transaction, it takes a bit longer to create the file to be sent. Be patient and let WINASAP5010 take the time it needs to create the file.

Note: Before you click on the Send button, be sure that your PC's modem is connected to the proper telephone line. If the telephone line you are using is connected to a PBX system, you may need to change the pre-loaded dial-up telephone number and telephone prefix.

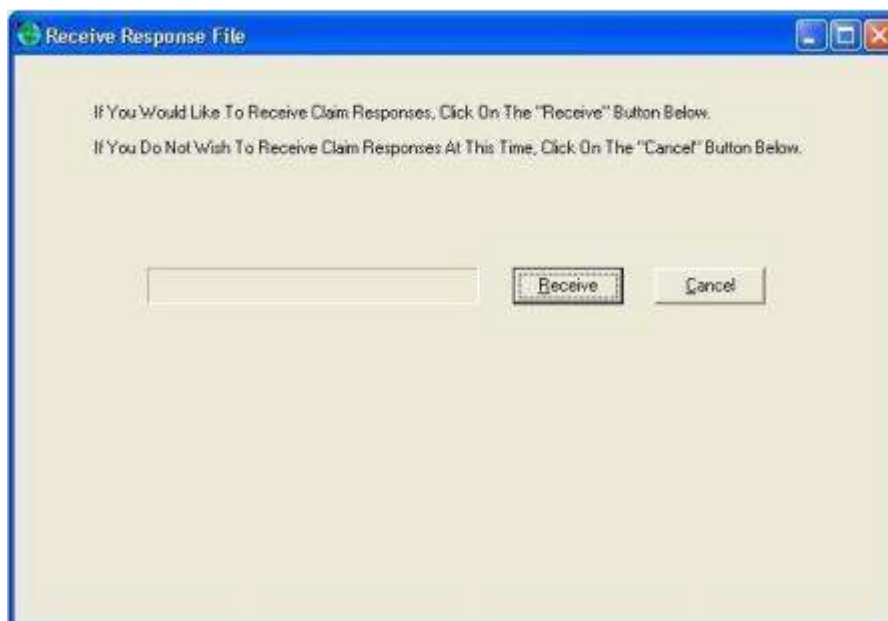


STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Send Claim File option. This will open the Send Claims window.
3.	Modify the necessary details: <ul style="list-style-type: none"> Submission Claim Status Selection –sorts claims according to their statuses. Submission Type Selection – sends the sorted claims to either Test (for testing purposes), or Production (for billing and processing). Select by Claim Type –sorts claims according to type.
4.	Click on the Send button.

10.2 Receiving a Response File

After you send claim files to the clearinghouse for processing all the claims in that batch are now in a Billed status. Claims in a Billed status mean that the ACS EDI Gateway host system accepted them. Within a few hours you need to receive a response file, which will tell you that the claims were processed by the clearinghouse.

When you receive the response file, any Billed claims accepted by the clearinghouse can have several statuses; Accepted, Rejected, Accepted Adjudication or Errored. If you see a Rejected or Errored status, contact your ACS EDI Support Unit.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Receive Response File option. This will open the Receive window.
3.	Click on the Receive button.
4.	WINASAP5010 will now dial your modem and receive the response, which is called a 999 and 277CA. Once the response is received the claim status is changed to either Accepted or Rejected. If you ever see a Rejected or Errored claim status, contact your ACS EDI Support Unit.

10.2.1 Regarding Claims with “Accepted” and “Rejected” Statuses

After performing the Receive Response File tool, the status of the Billed claims will be changed depending on the response file you have received. A “Rejected” status means that a rejected 999 has been received, contact your ACS EDI Support Unit, no 277CA will be produced for the sent file in this case.

An “Accepted” status meanwhile means that an accepted 999 has been received but the 277CA has not yet been received. To get the 277CA, wait for a few hours then use the Receive Response File tool again, or contact your ACS EDI Support Unit. For more information on 277CA, proceed to the next sub chapter of this document.

10.2.2 Regarding Claims with “Accepted Adjudication” and “Errored” Statuses

An accepted 999 which changes the “Billed” claim to “Accepted” status would be further changed to “Accepted Adjudication” or “Errored” depending on the 277CA Response File the sent file has received. A status of “Accepted Adjudication” means that

10.3 Regarding Claims with "Submitted" Statuses

After sending claims, the status may become "Submitted". This usually indicates that a transmission problem occurred. This status was created just to prevent the user to resubmit of claims and duplicates without verifications done by the submitter.

When sending, a log file (Apro.his) is created and this could be found on the User's computer on the directory below:

C:\Program Files\ACS\W5010\db\<PAYER CODE>

Below are some scenarios that could happen during transmission which could result to a "Submitted" claim:

1. A successful transmission (claims sent and Confirmation Report received) should look like the detail presented below:

```
Zmodem transmit started on 6/22/2011 10:37:50 PM : C:\PROGRAM FILES\ACS\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Zmodem transmit finished OK 6/22/2011 10:37:52 PM : C:\PROGRAM FILES\ACS\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Elapsed time: 0:02 CPS: 492 Size: 984

Zmodem receive started on 6/22/2011 10:38:03 PM : LINE03.TXT
Zmodem receive finished OK 6/22/2011 10:38:05 PM : C:\Program Files\ACS\Winasap Application\Winasap5010\db\77044\20110622223903.txt
Elapsed time: 0:01 CPS: 532 Size: 532
```

When this happens, claims would become "Billed". On the display, you could see the transmit started and finished which indicates that claims have been transmitted completely while the receive started and finished means that the Confirmation Report was already received completely.

But there are times that even when receiving the Confirmation Report, the status would still be on "Submitted". Below is a display on what a normal Confirmation Report should look like:

```
Date: 06/22/11          ACS Host System          Time: 10:37
User Name: DOLTEST1    User Number: *****

File Number  Payor Frmt Type Claims Batches Tot. Charges Status
Msg
-----
06220022.G03 77044 X12 837P 1 1 12.34 Test 001

Messages
001 - File received, will not be processed for payment.

** End of Report **
```

WINASAP also checks for the format of the Confirmation Report to determine if the received file is valid before turning in into "Billed". If the received file does not look like the one above, then the claim would still stay on "Submitted". The usual details that

WINASAP looks for in a file is the “File Number” and “Message” string as well as their format.

2. When the confirmation report is not received but has already transmitted successfully the claims, it would look like the detail below:

```
Zmodem transmit started on 6/22/2011 11:23:20 PM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Zmodem transmit finished OK 6/22/2011 11:23:21 PM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Elapsed time: 0:01 CPS: 943 Size: 943

Zmodem transmit started on 6/29/2011 12:17:24 AM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Zmodem transmit finished OK 6/29/2011 12:17:26 AM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Elapsed time: 0:02 CPS: 482 Size: 985
```

As you can see above, there is only transmit started and transmit finished, there was no receive started or finished. WINASAP cannot change the status because it cannot read Confirmation Report and as a result, it would just stay as “Submitted”.

3. When the claims have not been transmitted completely it would look like the one below:

```
Zmodem transmit started on 6/22/2011 10:37:50 PM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Zmodem transmit started on 6/22/2011 10:54:31 PM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Zmodem transmit finished OK 6/22/2011 10:54:32 PM : C:\PROGRAM FILES\ACSI\WINASAP APPLICATION\WINASAP5010\DB\77044\77044.BIL
Elapsed time: 0:01 CPS: 984 Size: 984
```

There is only the transmit started logged described above which means that during transmission of claims, there must have been a line interruption that cut off the communications and did not finish the transmit.

On the process of updating the “Submitted” claims this is usually done by running the Receive Response function. But it does not always update the status due to the description that was given above. Usually the 3rd scenario would not update the status since this clearly describes that the file was not completely transmitted.

As for 1st and 2nd scenario, the claims may or may not be updated because it depends on the Host if it would give out a 999 for the claim or not. WINASAP has no control over this since it just reads the given 999 being received. If the claim is on the file, then it would update it. The description here just explains on how WINASAP handles the transmission of claim and scenarios on why the “Submitted” status occurs. What is important here is the sending of claims which is controlled by WINASAP. While on the receiving part, it just gets what the Host sends and interprets it.

11 Reporting

WINASAP5010 provides you with reports that you can use to monitor and balance the submission of health care claims to ACS' EDI Claims Clearinghouse. The system also produces summary and detail reports to help you analyze and manage the data stored in WINASAP5010's claim database. Reports are produced automatically when you run certain functions, such as a Transmit. You can also produce reports using the system's Report Selection window or by using certain submenu options.

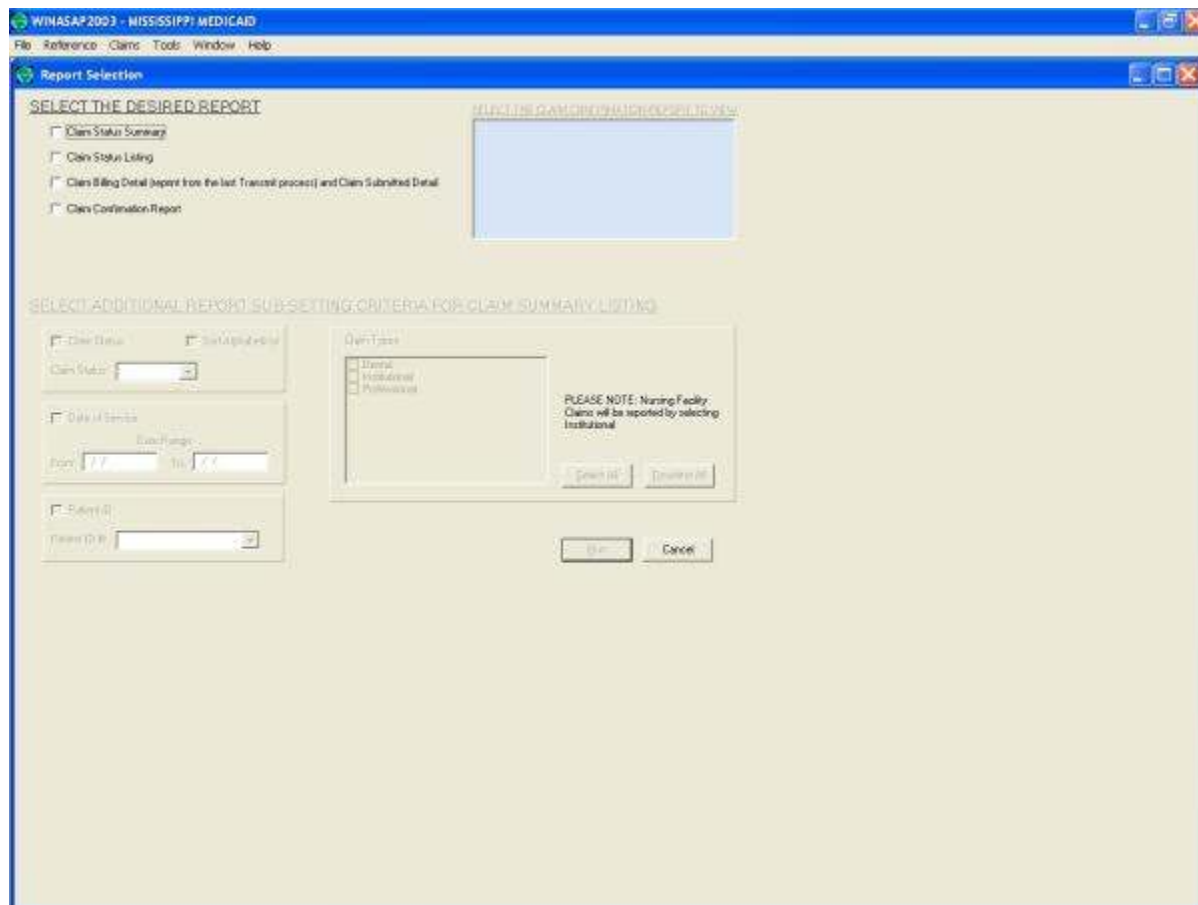
WINASAP5010 provides you with the following reports:

- **Claim Status Summary** - This summary report is only produced when you request it. The report provides a count, by claim type and claim status, of all claims currently on the WINASAP5010 claims database.
- **Claims Status Listing** - This detail report is only produced when you request it. The report displays one line per claim found on the WINASAP5010 claims database that meets the selection criteria you specify. If you do not want to run this report for all claims on the system's claims database, you can select claims by either a date of service, or claim status for all or just one particular patient.
- **Claim Billing Detail and Claim Submitted Detail** - This detail report is automatically produced by WINASAP5010 each time you run a Send. The report created is based on the claim with status "Billed" or "Submitted". Two tabs on the report would be displayed to distinguish the detail report. The created report, sorted by patient, displays one line per claim transmitted to ACS' EDI Claims Clearinghouse and also provides totals for the number of claims transmitted and the submitted charges. Because of the potential size of the report, WINASAP5010 does not automatically display the report online as a result of the Send process.
- **Claim Confirmation Report** - This summary report is automatically produced by ACS' EDI Claims Clearinghouse host system and displayed online as a result of each Transmit. The report contains one line per file transmitted that confirms the acceptance or rejection of the file by the host system. WINASAP5010 uses the report to change the claim status for all claims successfully received by the Clearinghouse. The system changes the claim status on the claims database from "Keyed" to "Billed" for each claim in each file accepted by the Clearinghouse. For all claims in those files rejected by the Clearinghouse, WINASAP5010 leaves the claim status as "Generated" on the claims database. WINASAP5010 stores the 50 most recent reports in the system's Transmission Confirmation Report folder. You can view any of these archived reports.

Note: Except as noted above, all reports are initially displayed online. You can use the Windows File Menu Print option to print a report on hard copy.

11.1 Running a Claim Status Summary

When you select the Claim Status Summary report, WINASAP5010 displays a summary count of all claims currently in the system's claims database. The report prints one line for each claim type and claim status.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Reports option. This will open the Report Selection window.
3.	Click on the Claims Status Summary box.
4.	Click on Run.
5.	WINASAP5010 displays the Claim Status Summary report. See the report example on the following page.

Report View

Report ID: WINASAP-CS

WINASAP5010

Date: 01/27/2011 Time: 07:52 pm

Claim Status Summary

Page: 1

Payer: BRICKSTREET MUTUAL INSURANCE

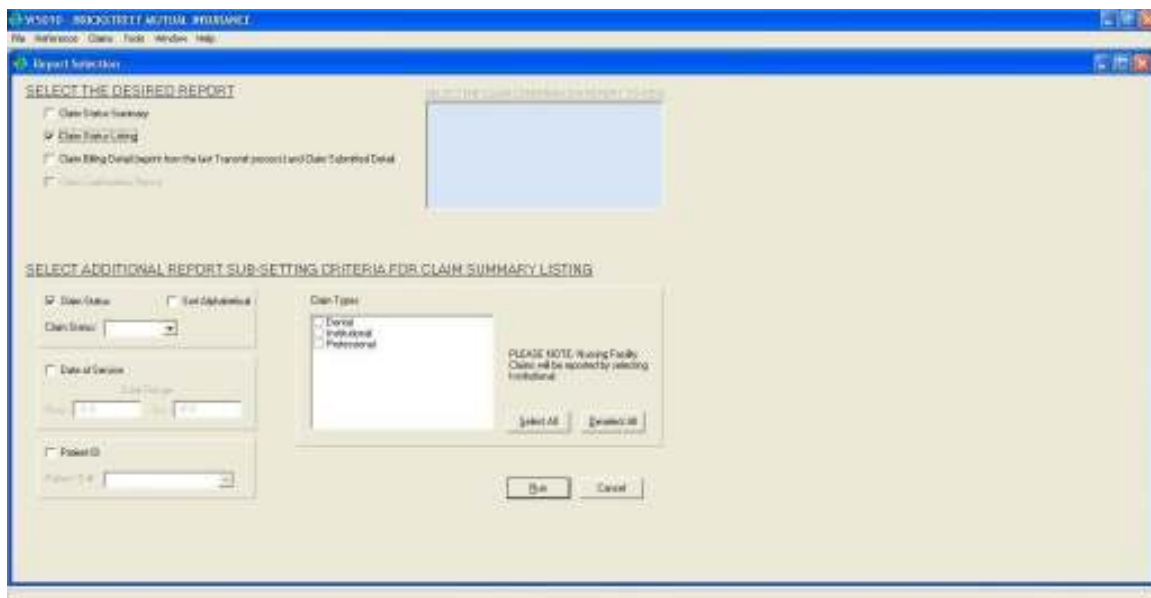
Type of Claim	Keyed	Hold	Billed	Accepted	Rejected	Denied	Paid	Errored	Total
Dental	2	0	0	1	0	0	0	0	3
Professional	1	0	0	0	0	0	1	0	2
Professional	0	0	0	1	0	0	0	0	1
Total	3	0	0	2	0	0	1	0	6

*** End of Report ***

Claim Status Summary

11.2 Running a Claim Status Listing

When you select the Claim Status Listing, WINASAP5010 displays a detail report containing one line per claim on the system's claims database that meets the selection criteria you specify. Due to the potential size of this report, you may prefer to print a hard copy listing rather than review the report online.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Reports option. This will open the Report Selection window.
3.	Click on the Claim Status Listing box.
4.	The report can also be sorted alphabetically. Click the Sort Alphabetical.
5.	Select a status from the drop-down.
6.	Click on the Run button.
7.	If you want to restrict the report to listing claims in a certain date range, place a checkmark in Date of Service then enter the applicable dates in the Date Range boxes.
8.	If you want to restrict the report to a particular patient, place a check mark in Patient ID the select the patient from the drop down.

Report View

Report ID: WINASAP-CL

WINASAP5010

Claim Status Listing

Date: 01/27/2011 Time: 07:50 pm

Page: 1

Payer: BRICKSTREET MUTUAL INSURANCE

Claim Type(s) Chosen: Dental, Institutional, Professional

Claim Status: Keyed

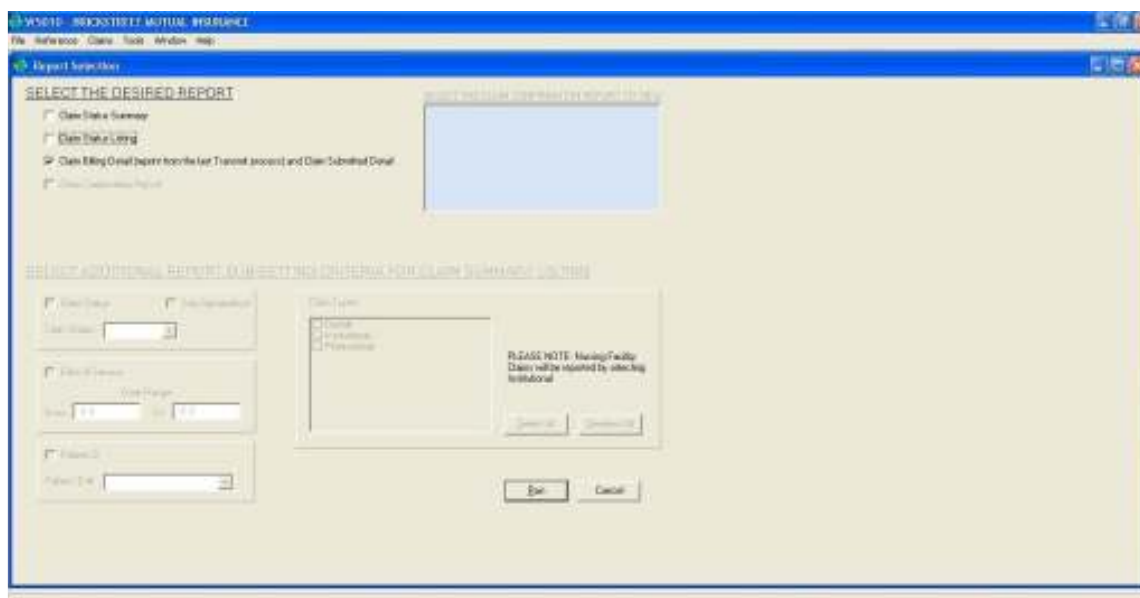
User Batch	User Clm #	Patient ID #	Begin DOS	Claim Amount	Status Date	Patient Account #	Patient Name
0000	000000000	insprimaryid		\$0.01	12/01/2010	000000003	Ins last name, Ins first name
0001	000000001	000000088	12/01/2010	\$15.38	12/01/2010	000000002	Patient last na, Patient first n
0000	000000000	000000088	01/02/2011	\$5.38	01/03/2011	000000002	Patient last na, Patient first n

*** End of Report ***

Claim Status Listing

11.3 Running a Claim Billing Detail and Claim Submitted Detail Report

When you run the Send function, WINASAP5010 automatically produces a Claim Billing Detail report. Because of the potential size of this report, it displays one line per claim transmitted to the Clearinghouse, you may not want to review the report each time you transmit claims. Therefore, WINASAP5010 does not display the report online as a result of the Transmit process. Whenever you want to review the Claim Billing Detail report from your last transmission, you can do so using an option on the Report Selection window.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Reports option. This will open the Report Selection window.
3.	Click on the Claims Billing Detail box.
4.	Click on Run.
5.	WINASAP5010 displays the Claim Billing Detail report. See the report example on the following page.

Report View

Report ID: WINASAP-CB

WINASAP5010

Claim Billing Detail

Date: 01/27/2011 Time: 07:56 pm

Page: 1

Payer: BRICKSTREET MUTUAL INSURANCE

Patient Last Name	Patient First Name	Patient ID	Provider ID	First DOS	Claim Amount	Claim Type
Patient last na	Patient first n	000000003	222222222	12/15/2010	\$4.50	Dental
Total Claim Amounts =					\$	4.50
Total Number of Claims =						1

*** End of Report ***

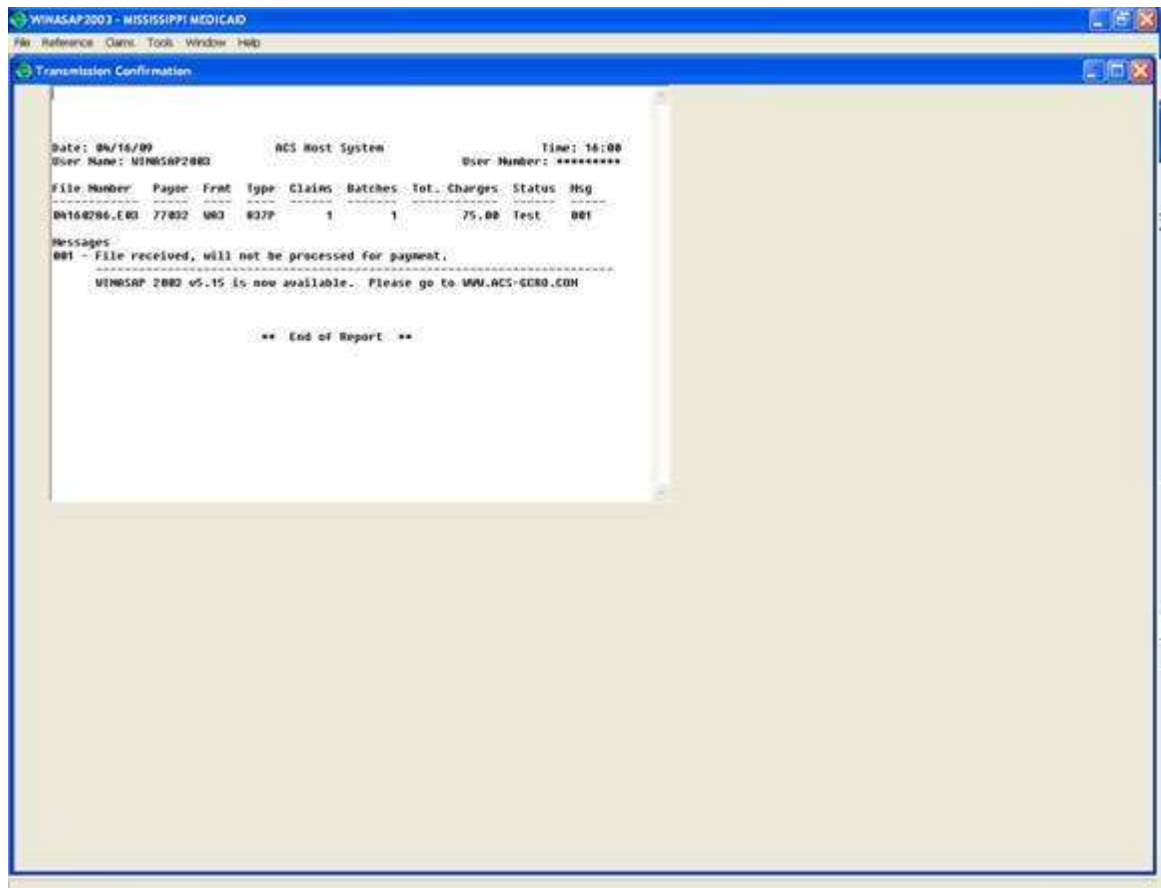
Claim Billing Detail

11.4 Viewing Transmission Confirmation Reports

A Transmission Confirmation Report is automatically produced by the ACS EDI Gateway host system and is displayed online at the end of each Send process. WINASAP5010 stores the 50 most recent reports in the system's Transmission Confirmation Report folder. You can view any of these reports online using the Transmission Confirmation Report selection procedures described below.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Reports option. This will open the Report Selection window.
3.	Click on the Claim Transmission Summary Report box.
4.	<p>You can view the claim status listing using three different criteria</p> <ul style="list-style-type: none"> • Claim Status • Date of Service • Patient ID <p>You can choose just one, two or all three to determine what information is on</p>

	your report.
5.	To select a status, first place a checkmark next to claim status, click on the drop and select the status you want reported, and then click Run.
6.	To select a date, place a checkmark next to Date of Service, enter the range of dates, and then click Run.
7.	To select a particular patient, place a checkmark next to Patient ID, click on the drop down and select the patient, and then click Run.



12 Database Maintenance

To ensure the security of the information you have entered into WINASAP5010 and to help your software operate most efficiently, it is recommended that you establish a regular schedule for performing a few, simple database maintenance activities. By periodically backing up the WINASAP5010 database, you will reduce the effort necessary to recover from a hardware failure. And by periodically purging historical claim data and reorganizing the WINASAP5010 database, you will ensure that your software application continues to respond as quickly as possible.

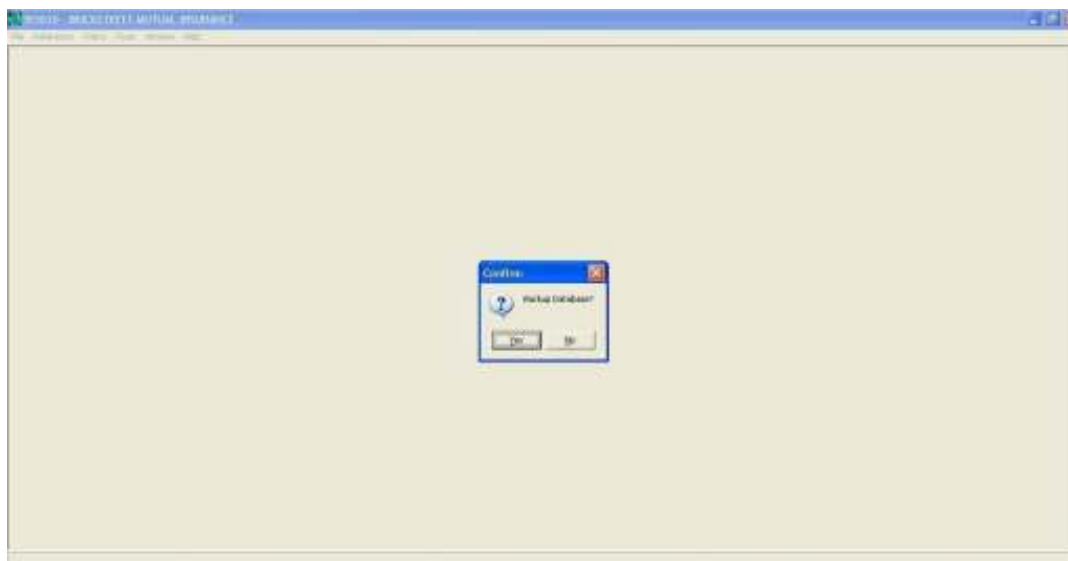
ACS EDI Gateway recommends the following minimum database maintenance schedule.

ACTIVITY	DESCRIPTION
Back Up Database	It is recommended that you back up the WINASAP5010 database at least weekly. Depending on the amount of information you enter in any given period of time, you may want to perform a backup more often.
Restore Database	You only need to restore the WINASAP5010 database when you have inadvertently deleted information that you wanted to keep you used the wrong date when purging claims or after you have re-installed WINASAP5010 when recovering from a hardware failure, such as a loss of a hard disk drive.
Repair Claim Provider Data	Provider information which is found in the Reference menu can be changed anytime, however, those changes would not be reflected in the claims immediately in which that provider was used. In order to change the entries in the database, Repair Claim Provider Data should be used to reflect the changes done in the provider window. Though it is advisable to resave the claims after a provider information has been edited so that compliance checks would be performed, but if the provider is used in several number of claims, this tool can be used to change them all at once if you are certain that the changes are still compliant.
Database Repair Tool	Database Repair Tool does several things to fix the database. It updates the segments in claims associated with the address, city, state and zip codes if there were any changes in the provider used in claims. Also, it removes any trailing spaces if there were any entries from older versions of WINASAP as well as deletes any entries in the database segments which is not associated in any claims due to data corruption or deleting errors if any. This is advisable to perform in order to ensure that old databases restored does not create any errors when adding new

ACTIVITY	DESCRIPTION
	entries in claims.
Purge Claims	Depending on your claim volume, you may want to periodically purge claims from the WINASAP5010 claims database to reduce the amount of information displayed on claim inquiry windows and reports. WINASAP5010 automatically backs up the database before purging it and automatically reorganizes the database after the purge is finished.
Uninstall Software	WINASAP5010 should be uninstalled only when you no longer want to use the software or at the direction of the ACS EDI Support Unit during problem resolution.

12.1 Performing a Database Backup

WINASAP5010's Backup Database function creates a complete copy of the system's database, including all Claim and Reference tables. It is a good idea to create backup files on both your hard drive and transportable media such as external hard disk or writable CD. Regular and frequent backups will greatly reduce the potential impact of hardware failure or file corruption on your claims billing operations. Also, a backup database is very useful information when seeking assistance with ACS EDI Gateway Support Unit.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Backup Database option. This will open the Backup Database window.
3.	Click Yes if you want to continue with backup or No if you wish to exit the backup process.
4.	The backup will overwrite any previous backups you may have done.

If you would like to copy DO NOT MOVE the backup file to another media type follow the steps below:

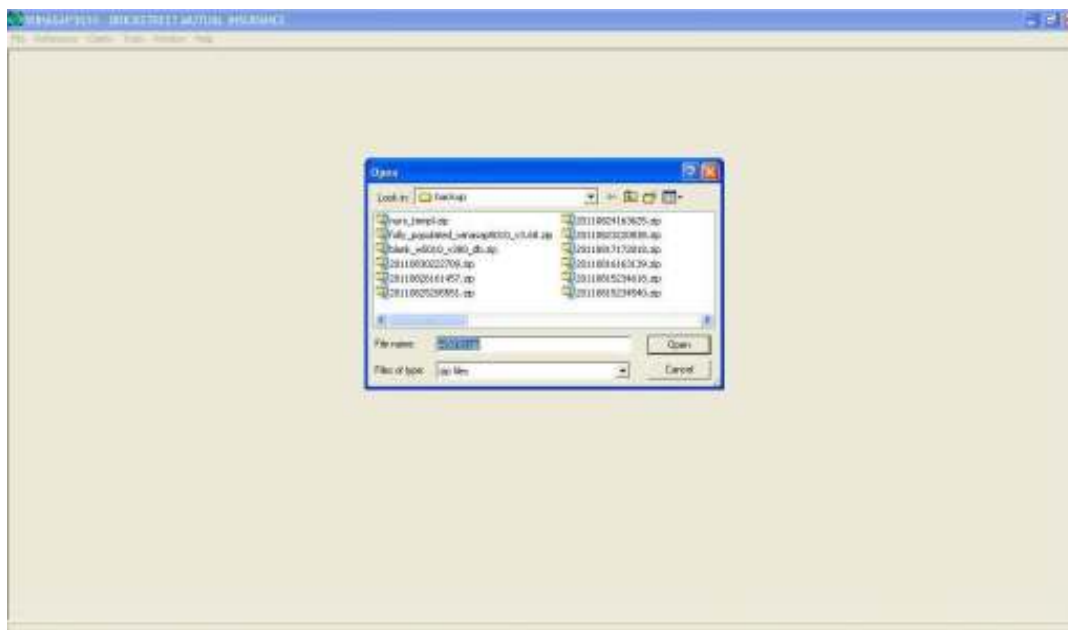
STEPS	ACTIONS
1.	Double-click My Computer

STEPS	ACTIONS
2.	Double click your C drive
3.	Double click Program Files
4.	Double click ACS
5.	Double click W5010
6.	Double click db
7.	Double click backup
8.	Copy the winasap5010.zip file. DO NOT move this file from this location. The restore function will only look for the backup file in this location.

12.2 Restoring the Database

WINASAP5010's Restore Database function restores a backup database, including all Claims and References tables. This is very useful when a database you are using becomes corrupted. Since you have a backup database, you will not need to use a blank database and re-enter all the information that you have lost.

Exercise caution when restoring your database, make sure that you are using the correct database backup file and that you select the appropriate Restore option.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Restore Database option. This will open the Restore Database window.
3.	Click Yes if you want to continue with restore or No if you want to exit the restore process.
4.	In the Data Source Location field, enter the location / name of the database backup file from which you want to restore or click on the drop-down list box to select the correct drive, directory, folder, and backup file name.

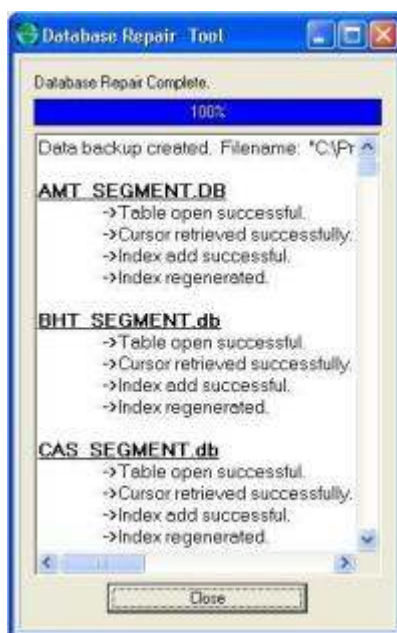
12.3 Repair Claim Provider Data

When a user updates a detail in the Provider reference, changes made don't immediately reflect on the claims in which that provider was used. To fix this, WINASAP5010's Repair Claim Provider Data function allows users to automatically update the claim with the updated information of the provider. Unlike resaving the claim, this tool does not perform compliance checks, but is still useful if the provider is used in multiple claims and if the user is certain that the changes made are compliant.

STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Repair Claim Provider Data option.
3.	This will update the claims and will prompt the user if there were errors encountered during the process.

12.4 Database Repair Tool

This tool is similar to Repair Claim Provider, however, unlike it, Database Repair Tool only updates segments associated with address, city, state and zip codes if there were any changes in the provider used in claims. It also removes any trailing spaces and removes entries in the database which do not have a corresponding entry of information with the claims. This is very useful to ensure that database from old versions of WINASAP would experience no errors when adding new entries.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Database Repair Tool option.
3.	This will repair and update the claims and will prompt the user if there were errors encountered during the process.

12.5 Purging Claim Data

WINASAP5010's Purge Claims function allows you to manage the volume of claim information stored in the system's claims database. Using the Purge Claims function, you can delete information from the system's Claims Tables claims, adjustments, and voids, but not from any other WINASAP5010 database table.



STEPS	ACTIONS
1.	From the WINASAP5010 Main Menu, select the Tools option.
2.	Select the Purge Claims option. This will open the Purge Claims Database window.
3.	<p>Enter the cutoff date. Select the claim status and the claim type of the claims that you would like to purge. Claims that meet the criteria prior to the purge date you enter will be deleted from the WINASAP5010 claims database.</p> <p>Note: The claim type and the claim status must be selected for the purge to work correctly.</p>
4.	Click Purge. Click Yes to continue or No to stop the purge process. If you click yes, WINASAP5010 will prompt you to perform a backup of your database. It is necessary to perform the backup in order to complete the purge process.

12.5.1 Importance of Purging Claim Data

One of the most common problems users encounter when using WINASAP5010 and its previous versions is data corruption. Error window shows up upon opening the claim, provider, patient and/or reference listings and then the list does not show any existing claims users have entered before as shown below:



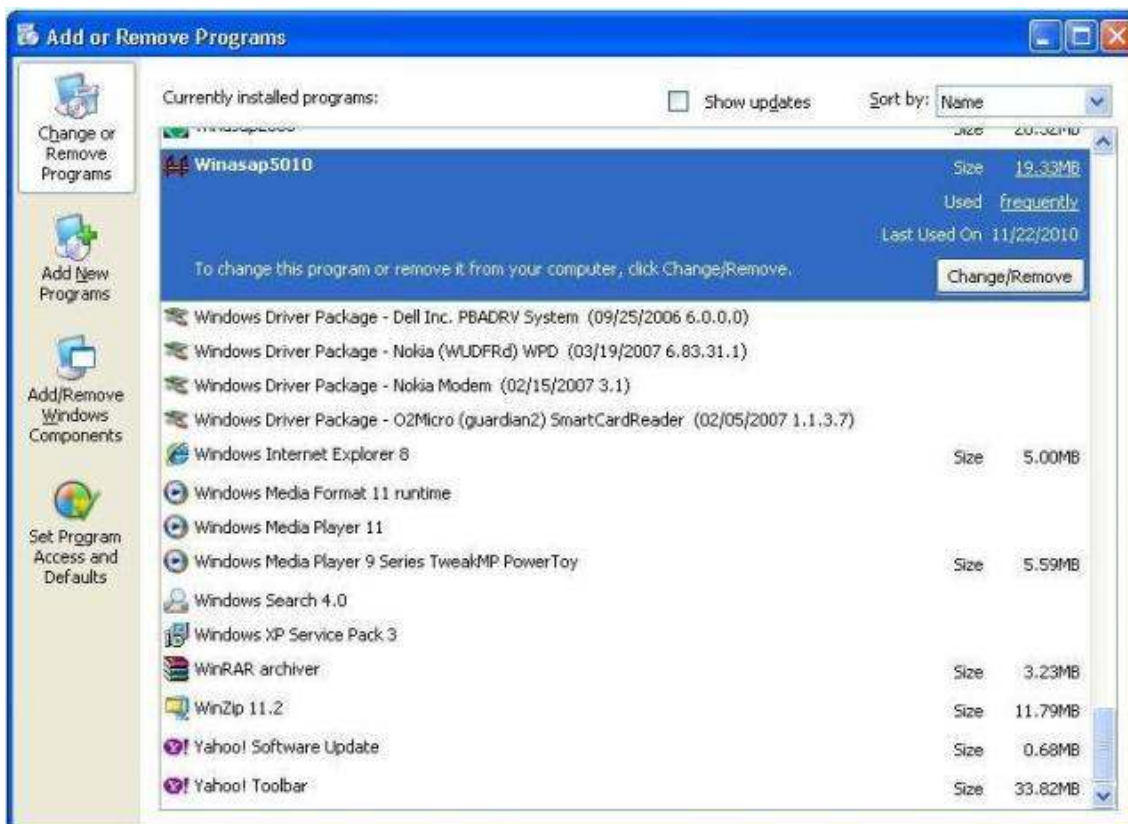
This reason for this kind of error is due to the tables in the database not being aligned to each other. There is no way to avoid this from occurring; data corruption is always a risk on any computing device. In addition, the database which handles the WINASAP5010 application cannot handle huge amount of data. Though cannot be avoided, purging old and/or unused claims is one of the best methods in order to prevent this from happening thus prolonging the lifespan of the database.

As a final note on purging claims, make it a habit to purge old and/or unused claims, data is not lost from doing this anyway since it is placed in a zip file which can also be restored later using the Restore Database tool of WINASAP5010.

12.6 Uninstalling WINASAP5010

You should remove the WINASAP5010 software from your PC only under two circumstances: When you no longer want to use the software or when directed to by ACS' EDI HELP Desk during problem resolution.

If you plan to reinstall WINASAP5010 at some future date, be sure use the Backup Database function to create a complete database backup file prior to running the uninstall process.



STEPS	ACTIONS
1.	Click on the Windows Start button.
2.	Select the Control Panel option.
3.	Click on Control Panel.
4.	Double-click on Add/Remove Programs.
5.	Scroll down the list of software programs listed in the Install/Uninstall window and highlight Winasap5010.


STEPS	ACTIONS
6.	Click on the Add/Remove button.
7.	Click on the Yes button when you get the “Are you sure you want to completely remove the selected application and all of its components?” message.
8.	Follow the instructions displayed by the Windows Uninstall process.

12.7 Converting WINASAP2003 db to WINASAP5010 db

Note for WINASAP2003 users: It is strongly suggested that WINASAP2003 database should not be converted for WINASAP5010 due to the different file and database structures of the applications used. If a conversion of database is extremely needed, ensure to read and follow the steps and guidelines of this chapter of the manual.

WINASAP5010 allows users from WINASAP2003 to convert all the reference table information, such as claim, patient and provider. After the conversion it will still be necessary to open each claim, patient and provider record in WINASAP5010 to enter any additional information now required by HIPAA since this information either did not exist or was not required in WINASAP2003. The information that will have to be added is listed below:

- Additional Claim Information that will need to be added to each record converted from WINASAP5010
- Additional Patient Information that will need to be added to each record converted from WINASAP5010
- Additional Provider Information that will need to be added to each record converted from WINASAP5010

STEPS	ACTIONS
1.	Click on the Windows Start button.
2.	Select Programs. Highlight WINASAP5010, then select, Convert WINASAP2003 files to WINASAP5010.
3.	<p>Click the convert button. This will now copy the database of WINASAP2003 and then convert it to a format which is usable in WINASAP5010.</p> <p>Note: WINASAP2003 should also be installed in the same machine since the converter would copy its database then convert it to WINASAP5010 format.</p> 

STEPS	ACTIONS
4.	<p>Once the conversion is complete, open WINASAP5010 and verify that your data is there. Then you will need to go into each patient and provider record and add any additional required information as explained above.</p> <p>Note: Don't use the "Restore Database" of WINASAP5010 when converting the database of WINASAP2003. WINASAP5010 would not be able to read the restored database.</p>

12.7.1 Notes in Using Converted WINASAP2003 db on WINASAP5010

WINASAP5010 and WINASAP2003 which uses the previous 4010 standard has a different structure in their database, such as new columns, increased length, and deleted values of the fields' qualifiers. Therefore before creating and sending claims in WINASAP5010, users must first check and review the following windows to ensure that there would be no errors in using WINASAP5010 and compliance errors when the claims have been sent to ACS EDI:

- **Trading Partner Information** – the information from WINASAP2003 in this window was designed not to be copied to WINASAP5010 to ensure that the users would not accidentally transmit WINASAP2003 files to WINASAP5010 system and vice versa. Fill the necessary fields and then Click the Save button to ensure that the values entered are compliant.
- **Provider Data** – there are several changes and corrections done in this window. The biggest change which is essential here is the changes in the Secondary Identification information. There is a new Identification Type (Provider Tax Identification Number) which is required and needs to be filled up first in order to use that provider. Some Identification Types were also deleted (which would show as blanks) in 5010, as a resolution, delete their respective Identification Number or update them with their corresponding new Identification Types. Click the Save button to ensure that the values entered are 5010 compliant.
- **Patient Data** – new fields such as Property and Casualty Information can be seen in both the Patient Data and Insured's Data tabs, these fields are situational so leave them blank if no information is available. Additionally, there is a new button named Payer Secondary ID in the Insured's Data tab. These fields are also situational. Click the Save button to ensure that the values entered are 5010 compliant.
- **Claims Data** (Dental Claim, Institutional Claim, Nursing Facility Claim, Nursing Facility Template, and Professional Claim) – several fields and dropdown items were deleted in WINASAP5010. There are also some new fields which are required and needs to be filled up first before sending the

claim. WINASAP5010 has its checking to ensure that the entered values are 5010 compliant. Click the Save button to perform the checking.